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avid J. Sanchez, Jr., Ph.D.
ce President
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

January 5, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 15, 1998

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PHP-CMHS** – Request for approval to enter into an agreement with the San Francisco Health Plan, pursuant to which Community Mental Health Services will provide or arrange for the provision of behavioral health services to the Health Plan's Healthy Families and IHSS program members in exchange for a capitated rate.

(3.2) **PHP-CMHS** – Request for approval to enter into an agreement with the Brown and Toland Medical Group, pursuant to which Community Mental Health Services will provide crisis services to Brown and Toland members through Comprehensive Child Crisis Services.

(3.3) **PHP-CMHS** – Request for approval of sole source and new contract with the John Stewart Company, in the amount of $166,320, for the provision of case management services to tenants of the Jordan Apartments who have been homeless and/or dually diagnosed, for the period of January 1, 1999 through June 30, 2000.

(3.4) **PHP-CMHS** – Request for retroactive approval of contract renewal with San Francisco Study Center (SFSC), in the amount of $391,826 per year, for the provision of management and fiscal intermediary services for the Oasis Community Center Program, the Socialization Program

(STEP) and the Center for Special Problems for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SFSC for services totaling $420,379 during FY 1997-98).

(3.5) **PHP-CSAS** – Request for retroactive approval of multiyear contract renewal with Community Awareness and Treatment Services, Inc. (CATS), at no cost to the Department, in the amount of $259,746 per year *in client fees,* to provide multiple offense driving-under-the-influence (DUI) services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with CATS for services totaling $4,109,836 during FY 1997-98).

(3.6) **PHP-CSAS** – Request for approval of retroactive sole source and first modification to the renewal contract with Chemical Awareness and Treatment Services, Inc. (dba Community Awareness and Treatment Services, Inc.) (CATS), in the amount of $2,743,490 to provide overnight shelter and support services to homeless residents of San Francisco for the period of July 1, 1998 through June 30, 1999. (DPH contracted with CATS for services totaling $4,109,836 during FY 97-98).

(3.7) **PHP-HIV Services** – Request for approval of retroactive renewal contract with San Francisco AIDS Foundation (SFAF), in the amount of $537,613, for the provision of client advocacy, benefits counseling, emotional and practical support and voucher distribution services to people with HIV/AIDS for the period of October 1, 1998 through June 30, 1999. (DPH contracted with SFAF for services totaling $4,136,118 during FY 1997-98).

(3.8) **CHSS-BEHM** – Request for approval of retroactive sole source and contract renewal with the Regents of the University of California (UCSF), in the amount of $54,927 per year, for the provision of expert environmental toxicology consulting services to the Department's Environmental Health employees and Fire Department employees, for the period of July 1, 1998 through June 30, 2000. (DPH contracted with UCSF for services totaling $14,314,598 during FY 1997-98).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **CONSIDERATION OF THE 86 SAN FRANCISCO GENERAL HOSPITAL POLICIES AND PROCEDURES, AND THE FOLLOWING ADMINISTRATIVE POLICIES AND PROCEDURES:**

- **SAN FRANCISCO GENERAL HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES**
- **EMERGENCY RESPONSE PLAN**
- **PRISONER/PATIENT TREATMENT AND TRANSPORT THROUGH SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER**
- **DEPARTMENTAL POLICIES AND PROCEDURES**
- **PRISONER/PATIENT: FEMALE REQUESTING PERSONAL PHYSICIAN FOR PREGNANCY RELATED ISSUES**

- ACCEPTANCE OF PATIENT TRANSFER FOR SAN FRANCISCO GENERAL HOSPITAL (NON PSYCHIATRIC)

6) CONSIDERATION OF A RESOLUTION AMENDING THE ORDINANCE, WHICH REQUIRES AN APPLICANT FOR A BUILDING PERMIT TO CONDUCT SOIL SAMPLING AND MANAGE HAZARDOUS WASTE PURSUANT TO A SITE MITIGATION PLAN

7) CONSIDERATION OF A PLANNING PROCESS FOR THE REBUILDING OF LAGUNA HONDA HOSPITAL

8) UPDATE ON THE 1115 WAIVER PLANNING PROCESS

9) OTHER BUSINESS/PUBLIC COMMENTS*

10) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

1. FREDERICK HOWARD ET AL V. CCSF, SUPERIOR COURT CASE #985-937, PROPOSED SETTLEMENT: $75,000

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President
David J. Sanchez, Jr., Ph.D.
Vice President
Debra A. Barnes
Commissioner
Edward A. Chow, M.D.
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
Commissioner
Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 5, 1999
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:09 p.m.

Present: Commissioner Debra A. Barnes
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.

Absent: Commissioner Edward A. Chow, M.D.
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 15, 1998

Action Taken: The Commission unanimously adopted the minutes of December 15, 1998, with a correction on page 12, the first sentence to replace "all" with "most."

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **PHP-CMHS** – Request for approval to enter into an agreement with the San Francisco Health Plan, pursuant to which Community Mental Health Services will provide or arrange for the provision of behavioral health services to the Health Plan's Healthy Families and IHSS program members in exchange for a capitated rate.

(3.2) **PHP-CMHS** – Request for approval to enter into an agreement with the Brown and Toland Medical Group, pursuant to which Community Mental Health Services will provide crisis services to Brown and Toland members through Comprehensive Child Crisis Services.

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Commissioners Hill and Barnes both repeated the Commission's request to include all appropriate documents in the Commission packet. However, in order to prevent any delay for this contract, Commissioner Barnes is willing today to consider the late compliance letter to Policy #24.

Commissioner Hill emphasized the intent of the policy on sexual orientation demographics is not to out anyone, but to voluntarily declare sexual orientation.

(3.4) **PHP-CMHS** – Request for retroactive approval of contract renewal with San Francisco Study Center (SFSC), in the amount of $391,826 per year, for the provision of management and fiscal intermediary services for the Oasis Community Center Program, the Socialization Program (STEP) and the Center for Special Problems for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SFSC for services totaling $420,379 during FY 1997-98).

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Commissioner Barnes, expressing concern for the need for early intervention and prevention for the homeless population, inquired about the data collection efforts of the Department. Barbara Garcia, CSAS Director, gave an overview of staff training, prevention efforts, and coordination work to increase bed capacity.

(3.7) **PHP-HIV Services** – Request for approval of retroactive renewal contract with San Francisco AIDS Foundation (SFAF), in the amount of $537,613, for the provision of client advocacy, benefits counseling, emotional and practical support and voucher distribution services to people with HIV/AIDS for the period of October 1, 1998 through June 30, 1999. (DPH contracted with SFAF for services totaling $4,136,118 during FY 1997-98).

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At the full Commission, Commissioner Parker requested a 90-day progress report on #3.1 and #3.2. He also inquired about the frequency of monitoring reports and the census of the Mission Rock Shelter.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee with the specific requests of Commissioners.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Notes from the Front - - Inpatient Ward Attending at SFGH

During the last half of December, I had the honor of serving as an inpatient attending on the medical wards at San Francisco General Hospital (SFGH). It felt good to once again spend the majority of my time providing direct care to patients and teaching the next generation of physicians. It was also nice to see many old friends and meet other staff members for the first time. I think that the Commission would be very proud of how wonderful the medical and nursing care are at SFGH. I felt privileged to work at such a fine institution.

At the same time, my intensive inpatient experience affirmed to me the importance of our looking for alternatives to institutionalization. For the majority of patients on my service, substance abuse, rather than medical issues were the major cause of their hospitalization. We need to continue to increase treatment slots through our treatment on demand planning. We also need to think creatively about how to care for individuals who have been through our substance treatment programs and yet are still addicted.

My time on the service emphasized the importance of having sufficient bed capacity at Laguna Honda Hospital (LHH). There were several patients who were awaiting placement to LHH and were, therefore, occupying an acute care bed. These patients would be better served at LHH with its therapeutic activities. Moreover, our inability to use the bed for someone with an acute illness increases hospital diversion and decreases revenue to the hospital. Because space at LHH is very limited we must continue to think of alternatives for people who need hospital discharge.

During my time on the service, it was also apparent to me that there were patients for whom hospitalization could have been prevented through case management models to increase adherence to medications and to provide support in dealing with chronic illness. Overall, the weeks on the medical ward rejuvenated me professionally, and I approach the new year with renewed enthusiasm about making our system work for all our patients.

Expanded Shelter Capacity

DPH and DHS were actively involved with the Mayor's Office of Emergency Services throughout the holiday season, to ensure individuals and families had adequate shelter from the cold weather. With the support of the Mayor we initiated a no-turn away policy at all the City run shelters. The Mission Rock population (previously capped at 300) has been running between 415 – 500 individuals. Family shelter capacity remains a challenge. St. Joseph's will be opening 25 beds tomorrow, making a total of 85 new family spaces available since December 1st.

POPULATION HEALTH AND PREVENTION

Quality Assurance Review, Pediatric Immunizations at CHN Clinics

The California Department of Health Services visited SFDPH on November 12, 1998 to conduct a review of pediatric immunization practices at CHN clinics. The State focused their review on two sites, Castro/Mission Health Center and Maxine-Hall Health Center. This review was based on the

National Vaccine Advisory Committee's Standards. Overall, the review team found these two sites in high compliance with the standards. These included readily available vaccine services, free or low cost immunizations, no barriers to receiving vaccines, parent education, a client reminder/recall system, and high immunization levels.

The reviewers also noted a very successful 2, 4, 6, 12 and 15-month immunization campaign, the transition to a computerized medical record, and the development of the "Immunization ShoeBox" with the San Francisco Immunization Coalition. The "Immunization ShoeBox" is a simple tool that allows doctor's offices to check on the immunization status of all children of a given age in their practice. This allows identification of all children who are not "up-to-date." In addition, the State suggested that relationships with WIC and the Child Health and Disability Program (CHDP) be fostered, to promote immunization awareness.

Hepatitis A

A volunteer food handler at Mission Rock was identified with Hepatitis A. He had been wearing gloves while serving, but the Department is taking precautions with regard to potential exposure of clients. Dr. Tomas Aragon is coordinating IgG shots for individuals who may be at risk through Mission Rock and Tom Waddell. In addition, the Department is sending a letter to Emergency Department's and care providers for them to consider hepatitis in the differential diagnosis of individuals presenting to care facilities with non-specific symptoms who may have been exposed.

COMMUNITY HEALTH NETWORK

Opening of the CHN Urgent Care Center

I am pleased to announce the opening of the CHN Urgent Care Center on January 5, 1999. The Urgent Care Center is a joint project of the Primary Care and Emergency Care Divisions of the CHN and is designed to better meet the urgent care needs of CHN patients. We are also pleased to formally announce the appointments of Susan Obata, M.D., as Medical Director; and Lissette Duarte, R.N., as Charge Nurse of the Urgent Care Center.

The Urgent Care Center is located in 6M (Children's Health Center) at San Francisco General Hospital, and will treat adults alongside the existing Pediatrics Urgent Care Clinic. The Urgent Care Center will be an after-hours operation, with Monday - Friday hours of 5 - 10 p.m., and Saturday, Sunday, holiday hours of 12 noon - 7 p.m., 365 days a year. The telephone number of the Urgent Care Center is 206-8052, and the Fax number is 206-8054.

Insurance Plan for In-Home Support Services (IHSS) Workers

Following extensive negotiations with the Department of Corporations, the San Francisco Health Plan has received approval to provide an insurance plan for IHSS workers. The plan, to be called "Healthy Workers" will offer medical insurance to approximately 4500 IHSS workers in San Francisco. The San Francisco Health Plan will act as the Plan Administrator, and implementation of the program will be conducted through the Office of Managed Care. Initial outreach is expected to occur in January 1999, with potential enrollment beginning after February. Congratulations to the staff at the Health Plan and in the Office of Managed Care for bringing the proposal to reality and improving the availability of health care to this important population. Special recognition should go to Commissioner Harrison Parker who advocated for the establishment of this program.

LHH Holiday Show for Residents a Success

The Laguna Honda Hospital Volunteers Inc. hosted its annual Holiday Show for residents in Simon Auditorium on Friday, December 18th. This traditional variety show featured dozens of performers and was hosted by Michael Pritchard, Terry Lowry and Fred LaCosse, and was televised live on TCI Cable, channel 27. Over 400 LHH residents attended the live performance while others

watched it via cable television. The Department of Public Health expresses its gratitude to the LHH Volunteers Inc. for once again hosting this important resident holiday event.

5) **CONSIDERATION OF THE 86 SAN FRANCISCO GENERAL HOSPITAL POLICIES AND PROCEDURES, AND THE FOLLOWING ADMINISTRATIVE POLICIES AND PROCEDURES:**

- **SAN FRANCISCO GENERAL HOSPITAL ADMINISTRATIVE POLICIES AND PROCEDURES**
- **EMERGENCY RESPONSE PLAN**
- **PRISONER/PATIENT TREATMENT AND TRANSPORT THROUGH SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER**
- **DEPARTMENTAL POLICIES AND PROCEDURES**
- **PRISONER/PATIENT: FEMALE REQUESTING PERSONAL PHYSICIAN FOR PREGNANCY RELATED ISSUES**
- **ACCEPTANCE OF PATIENT TRANSFER FOR SAN FRANCISCO GENERAL HOSPITAL (NON PSYCHIATRIC)**

Action Taken: The Commission approved the 86 SFGH Administrative Policies that have been adopted, reviewed or revised by the Joint Conference Committee at SFGH since October 1995.

Action Taken: The Commission approved proposed revisions to the following Administrative Policies:

- San Francisco General Hospital Administrative Policies and Procedures (Admin. P&P 1.4)
- Emergency Response Plan (Admin. P&P 5.01)
- Prisoner/Patient Treatment and Transport Through San Francisco General Hospital Medical Center (Admin. P&P 7.1)
- Departmental Policies and Procedures (Admin. P&P 16.7)
- Prisoner/Patient: Female Requesting Personal Physician for Pregnancy Related Issues (Admin. P&P 16/14)
- Acceptance of Patient Transfer for San Francisco General Hospital (non psychiatric) (Admin. P&P 20.7)

6) **CONSIDERATION OF A RESOLUTION AMENDING THE ORDINANCE, WHICH REQUIRES AN APPLICANT FOR A BUILDING PERMIT TO CONDUCT SOIL SAMPLING AND MANAGE HAZARDOUS WASTE PURSUANT TO A SITE MITIGATION PLAN**

Ben Gale, Director of the Environmental Health Section, presented an overview of the history and needs, legislative digest, and proposed ordinance for the relocation of the Substantive Health Protection Requirements in Article 20 of the Public Works Code.

Existing provisions of the San Francisco Municipal Code (known as the "Maher Ordinance") require an applicant for a building permit to conduct soil sampling and manage hazardous waste, pursuant to a site mitigation plan. The Environmental Health Section of the Department of Health oversees the implementation of the site mitigation plan. The Department of Building Inspections issues the building permit upon instructions by the Department of Health. The Maher Ordinance is currently codified in Article 20 of the Public Works Code.

This legislation amends the Maher Ordinance by relocating the Substantive Health Protection provisions to the Health Code. The legislation makes accompanying changes to the provisions that remain the Public Works Code to reference the new Health Code provisions. No substantive changes to the law would be made by this legislation.

Action Taken: The Commission adopted Resolution #1-99, "Recommending the Relocation of the Substantive Health Protection Requirements of the Hazardous Waste Program, Presently Codified in Article 20 of the Public Works Code, to a New Article Codified in the Health Code," (Attachment A).

7) CONSIDERATION OF A PLANNING PROCESS FOR THE REBUILDING OF LAGUNA HONDA HOSPITAL

Dr. Katz reported the following:

At the Health Commission meeting of December 15, 1998 I presented a White Paper detailing a series of possible options for Laguna Honda Hospital. The Department's recommendation was that we rebuilt Laguna Honda Hospital on the existing Forest Hill site. This recommendation is consistent with Resolution 28-98 adopted by the Health Commission on July 21, 1998. We also recommended that we use a combination of funding from the tobacco settlement and other Federal or State sources to finance this rebuilding.

At this time we would like to establish a Planning Committee that will make recommendations to the Health Commission, the Board of Supervisors and the Mayor on the rebuilding of Laguna Honda Hospital. The recommendations will cover programmatic issues (e.g., number of beds, bed configuration, services provided), financial issues (e.g., current asset value of tobacco settlement, potential for obtaining additional Federal of State funding, considerations of bond funding), and technical building issues (e.g., advantages and disadvantages of different configurations of buildings).

The Mayor has asked our City Attorney, Hon. Louise Renne, to lead the effort on reaching consensus on rebuilding Laguna Honda Hospital. She has agreed to chair the Committee. I will be the Co-Chair. The Policy Committee will include members of the Long Term Care Task Force, consumers and their advocates, institution and community-based long term care providers, labor leaders, business leaders, civic leaders, and residents of Laguna Honda Hospital. It will also include the Director of the Department of Public Works and representatives from the Mayor's Offices of Public Finance and Budget. From the Health Department, besides myself, Anthony Wagner and Lawrence Funk will sit on the Policy Committee. Tangerine Brigham will staff the Committee.

Once the Policy Committee has convened, we intend to establish subcommittees for program, finance, and technical build issues. These subcommittees will do the bulk of the work and allow for broader participation by both Department and non-Department personnel in the process. All meetings will be open to members of the public who wish to attend.

We will aim for the Policy Committee to complete analysis and develop recommendations for the Health Commission by the end of March, and bring recommendations to the Commission in April.

Dr. Katz reported the Policy Committee, which will consist of 20-25 people, will be appointed in the next two weeks. The Committee will be meeting at least twice a month.

Public Speakers:

Norma Satten, Planning for Elders in the Central City, supported the planning process and offered PECC participation

Joan Braconi, Local 250, expressed concern on the timing of the planning process in relation to a ballot initiative

Dr. Katz commented that the policy question of the timing for a ballot initiative will be addressed by the Policy Committee, with the possibility of coming back to the Commission with a revised timeline.

Commissioner Guy strongly emphasized the need for the Laguna Honda rebuilding be a part of the AB 1040 planning and there be integration of the different planning efforts (i.e., Laguna Honda Hospital, AB 1040, 1115 Waiver, Universal Health Care). She encouraged the AB 1040 Task Force to look at the bed capacity in connection with what the different bed capacities represent. She wants to know from the AB 1040 Task Force what the community consensus is on the bed capacity question.

Commissioner Parker raised a question on the policy issue of the tobacco settlement monies being earmarked for Laguna Honda Hospital. He also asked how the Department is addressing the cost per bed to rebuild the facility.

Commissioner Barnes supports the planning process but expressed concern on the timeline being realistic, especially in relationship to the March site visit from HCFA to Laguna Honda Hospital.

Dr. Katz acknowledged that HCFA expects progress on a building plan for Laguna Honda Hospital, or HCFA will push for further census reductions at Laguna Honda Hospital. Dr. Katz will give regular updates in his Director's Report to the Commission, as well as provide the Commission with minutes from the Policy Committee meetings.

By consensus, the Commission supports the proposed planning process with regular updates from Dr. Katz.

8) UPDATE ON THE 1115 WAIVER PLANNING PROCESS

Tangerine Brigham, Director of Policy and Planning, presented the background, history, goals and objectives of the 1115 Waiver planning process, and 1115 Waiver feasibility analysis. For a copy of the full report, contact the Commission Office at 554-2666.

Ms. Brigham reported that at this time, the 1115 Waiver Planning Committee is not making a recommendation with respect to whether the City & County of San Francisco should proceed with a 1115 Waiver. A decision would not be make in isolation from other planning efforts (i.e., AB 1040, universal health care).

Ms. Brigham reported that the 1115 Waiver Planning Committee felt strongly that we should not proceed without additional input from Medi-Cal recipients on SSI. The concerns of this population regarding managed care are clearly of great importance. The Department also believes that we should proceed on our long-term care planning, as well as evaluate the San Francisco Mental Health Plan prior to making a final determination as to whether we will pursue an 1115 Waiver. In addition, the Department believes that we should continue to pursue an alternative Medi-Cal managed care model, such as a County Organized Health System (COHS). Several counties have indicated their interest in working together to reintroduce a COHS bill on the federal level in early 1999.

Commissioners' Comments:

- Expressed appreciation for a comprehensive report on a complex issue
- Need for a sunset to this planning effort
- Appears that some of the stakeholders are not as interested after looking at the financial information
- Need to wait for results from the AB 1040 Task Force
- Acknowledge the large amount of work done, but a waiver does not look too promising
- Is a County Organized Health System a real possibility?
- Put the 1115 Waiver Planning Committee on hold for six months, with an update from Dr. Katz in three months

Public Comment:

Nathan Nayman, Hospital Council, suggested using the diverse talent of the 1115 Waiver Planning Committee to create a think tank for the future

President Monfredini thanked the Department and requested an update in three months (April), with a possible policy recommendation to the Commission.

9) OTHER BUSINESS/PUBLIC COMMENTS

Public Comments: Donna Calame, Executive Director of the IHSS Public Authority, thanked the Commission, especially Commissioner Parker, for their support for the Healthy Workers Program.

10) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None.

B. VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 5:00 p.m.

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

1. FREDERICK HOWARD ET AL V. CCSF, SUPERIOR COURT CASE #985-937, PROPOSED SETTLEMENT: $75,000

The Commission came out of the closed session at 5:05 p.m.

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

Action Taken: The Commission approved the proposed $75,000 settlement.

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Action Taken: The Commission voted not to disclose any discussions held in closed session.

The meeting was adjourned at 5:06 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-99

RECOMMENDING THE RELOCATION OF THE SUBSTANTIVE HEALTH PROTECTION REQUIREMENTS OF THE HAZARDOUS WASTE PROGRAM, PRESENTLY CODIFIED IN ARTICLE 20 OF THE PUBLIC WORKS CODE, TO A NEW ARTICLE CODIFIED IN THE HEALTH CODE

WHEREAS, the existing provisions of the San Francisco Municipal Code (known as the "Maher Ordinance"), require an applicant for a building permit to conduct soil sampling and manage hazardous waste, pursuant to a site mitigation plan; and,

WHEREAS, these provisions are currently in the Public Works Code; and,

WHEREAS, the Hazardous Waste Unit of the Environmental Health Section reviews, approves and oversees the implementation of the site mitigation plan; and,

WHEREAS, the Department of Building Inspection issues the building permit upon instruction by the Department of Public Health; and,

WHEREAS, the Health Commission supports streamlining services provided to the public wherever possible; and,

WHEREAS, the relocation of the pertinent sections of the ordinance will promote greater efficiency in the administration of the program; and,

WHEREAS, the relocation will strengthen and improve the Department's programs governing hazardous materials located on private property; and,

WHEREAS, the amendment allows the Department to seek cost reimbursement for time spent overseeing activities undertaken pursuant to the ordinance; now, therefore, be it

RESOLVED, that the Health Commission hereby approves the relocation of the Substantive Health Protection Requirements, currently located in Article 20 of the Public Works Code.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 5, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
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Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

SPECIAL CLOSED EXECUTIVE SESSION OF THE HEALTH COMMISSION

Wednesday, January 13, 1999
8:30 a.m. – 9:00 a.m.
at
San Francisco General Hospital
Room 7M, 30A-B
1001 Potrero Avenue
San Francisco, CA 94110

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1) **ROLL CALL**

2) **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

3) **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

4) **CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:**

___X___ AS DEFENDANT _____ AS PLAINTIFF

CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9(b)(3)(B), REGARDING THE DENIAL OF A CONTRACT WITH CATHOLIC YOUTH ORGANIZATION (CYO), AND CONSIDERATION OF A PROPOSED CONTRACT WITH CATHOLIC CHARITIES WITH RESPECT TO COMPLIANCE WITH HEALTH COMMISSION POLICY #24

5) **RECONVENE IN OPEN SESSION:**

A. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

B. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Disability Access:

Room 7M-30A-B at SFGH is wheelchair accessible through the elevator at the main entrance to the new hospital.

To reach SFGH, Room 7M-30A-B, take the front elevators to the 7th floor. When you leave the elevator alcove, turn left, and go all the way down the hall to the "M" Suite. Come into the "M" Suite and follow the hallway to 7M-30A-B.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

The new hospital is accessible by wheelchair-friendly Muni Lines #9 San Bruno, #9X San Bruno Express, and #48 Quintara; and #33 Stanyan (not wheelchair accessible). For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD). Public parking is available at 24th Street between Utah and San Bruno Avenue.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Know Your Rights Under The Sunshine Ordinance

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Executive Secretary

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SPECIAL HEALTH COMMISSION MEETING

Revised

Wednesday, January 13, 1999
9:00 a.m. – 4:00 p.m.
at
San Francisco General Hospital
Room 7M, 30A-B
1001 Potrero Avenue
San Francisco, CA 94110

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PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

9:00 A.M.	1)	CALL TO ORDER
9:10 A.M.	2)	PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR 1998-99 AND IMPLICATION FOR THE FY 1999-00 DEPARTMENT OF PUBLIC HEALTH BUDGET
10:45 A.M.	3)	DISCUSSION OF THE OPTIONS FOR LAGUNA HONDA HOSPITAL WHITE PAPER
12:15 P.M.		BREAK FOR LUNCH
1:00 P.M.	4)	DISCUSSION OF HEALTH COMMISSION CONTRACT POLICY #24: ETHNICITY, GENDER AND SEXUAL ORIENTATION OF STAFF AND BOARD OF DIRECTORS
2:30 P.M.	5)	OPEN ISSUES PERTAINING TO THE HEALTH COMMISSION
3:30 P.M.	6)	PUBLIC COMMENTS*

Note: **The time schedule is only approximate.**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

San Francisco General Hospital
Room 7M-30A-B
1001 Potrero Avenue
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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MINUTES
CLOSED EXECUTIVE SESSION AND SPECIAL MEETING OF THE HEALTH COMMISSION

Wednesday, January 13, 1999
8:30 a.m. to 4:00 p.m.
at
San Francisco General Hospital
Room 7M, 30A-B
1001 Potrero Avenue
San Francisco, CA 94110

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 8:35 a.m.

Present: Commissioner Debra A. Barnes
(Commissioner Barnes was excused from 10:10 a.m. to 12:30 p.m.)
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

2) PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

A) VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a closed session.

B) CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

___X___ AS DEFENDANT _____ AS PLAINTIFF

CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9(b)(3)(B), REGARDING THE DENIAL OF A CONTRACT WITH CATHOLIC YOUTH ORGANIZATION (CYO), AND CONSIDERATION OF A PROPOSED CONTRACT WITH CATHOLIC CHARITIES WITH RESPECT TO COMPLIANCE WITH HEALTH COMMISSION POLICY #24.

The Commission came out of the closed session at 9:35 a.m.

C) RECONVENE IN OPEN SESSION:

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

   No action was taken in closed session. President Monfredini requested another closed session on this issue in the next 30 days.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

   Action Taken: The Commission voted not to disclose any discussions held in closed session.

3) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR 1998-99 AND IMPLICATION FOR THE FY 1999-00 DEPARTMENT OF PUBLIC HEALTH BUDGET**

Monique Zmuda, Chief Finance Officer, presented revenue and expenditure information for FY 1998-99 (Attachment A). For a copy of the report, contact the Commission Office at 554-2666.

Her presentation included the following:

- Sources of Revenue
- Description of Expenditures
- General Fund Support
- Mutiyear Revenues
- Fiscal Year 1998-99 Projections Financial Status
- Fiscal Year 1999-00 Budget Request

She also presented the current year shortfall, the current year reduction plan, strategy options to balance the 1998-99 budget, the FY 199-00 budget strategy, and the next steps in preparing the FY 1999-00 budget (Attachments B, C, D and E).

Commissioners' Comments:

- Expressed appreciation to Ms. Zmuda for a comprehensive, excellent report
- Commission should have a discussion of the serious consequences of any reductions in the current budget
- Commission may need to prioritize the needs and will need to know at what point in the budget process this prioritization needs to take place
- Need to look at population-based initiatives, not just a base budget
- There are difficult decisions to make, especially on what level of non-reimbursable services should be provided
- Useful information on the capacity needed for a specific policy direction (i.e., treatment on demand) would help to advocate that policy

Ms. Zmuda commented that the City will identify the magnitude of the budget shortfall in March.

Dr. Katz emphasized the importance of being aware that any service cuts on the CHN side have an adverse impact on revenues.

The Commission looks forward to the FY 1999-00 budget presentation and public hearing on February 2, 1999.

4) DISCUSSION OF THE OPTIONS FOR LAGUNA HONDA HOSPITAL WHITE PAPER

Dr. Katz stated that the newly-created Laguna Honda Hospital Policy Committee has been formed. The Co-Chairs are Louise Renne, City Attorney, and Dr. Mitch Katz, Director of Health. The Committee will bring recommendations to the Commission in March.

President Monfredini emphasized the commitment of the Commission to rebuild Laguna Honda Hospital and to keep as many beds as possible on the site.

Public Speakers:

Janet Overboe, Independent Living, encouraged Commissioners to look at funds going to community-based services to promote independent living.

The following speakers supported rebuilding Laguna Honda Hospital to at least 1200 beds:

Charles Levinson, Laguna Honda resident
Taffetta Lassen, IHSS Consortium
Teresita Gatan, Local 250
Cindy Bircher, SFGH Discharge Worker, Local 790
Dan Merer, Emergency Room R.N., Local 790
Cynthia Weisman-Kelly, SFGH Discharge Worker, Local 790
Manuel Abullavarde, Laguna Honda Hospital
Dale Butler, Local 790
Joan Braconi, Local 250, additionally expressed concern on the timing for a bond process
Frederick Hobson, additionally supported assisted living, housing and significant consumer and labor representation on the Laguna Honda Policy Committee

The Commissioners took a lunch break from 12:30 to 1:15 p.m.

The meeting reconvened at 1:20 p.m.

Commissioner Chow raised issues around Laguna Honda Hospital operational costs, the City's commitment to skilled nursing beds, and advocacy for assisted living facilities.

Commissioner Guy wants the Department as a stakeholder to show that Laguna Honda Hospital fits into long-term care planning of the AB 1040 Task Force.

President Monfredini emphasized the need to have the financial information on operational costs.

The Commission looks forward to the recommendations from the Laguna Honda Hospital Policy Committee.

5) DISCUSSION OF HEALTH COMMISSION CONTRACT POLICY #24: ETHNICITY, GENDER AND SEXUAL ORIENTATION OF STAFF AND BOARD OF DIRECTORS

President Monfredini encouraged staff and public input on this policy issue.

Dr. Katz stated the Department's high priority for cultural competency and ways to improve cultural competency through training, language capabilities and client satisfaction.

President Monfredini would encourage the Commission to move forward to improve the policy.

6) OPEN ISSUES PERTAINING TO THE HEALTH COMMISSION

Commissioner Chow would like a progress report on the organizational development of the Community Health Network and Population Health and Prevention Divisions, and how issues (i.e., billing, mental health) are integrated between the two divisions. Dr. Katz will bring an update on the reorganization of the Department.

Commissioner Sanchez commented that needs should be raised in a uniform process at the Joint Conference levels.

Commissioner Barnes expressed her delight with the progress of the reorganization of the Department.

Commissioner Chow requested an update on the history and performance issues of the U.C. Affiliation Agreement.

Tony Wagner, CHN Executive Administrator, will bring the U.C. Affiliation Agreement to Dr. Katz, the Joint Conference Committee of CHN, and the full Commission.

Commissioner Chow encouraged the Commission to have its meetings in the community, outside of 101 Grove. President Monfredini suggested Juvenile Hall, the Health Centers, Laguna Honda Hospital, and San Francisco General Hospital. She also encouraged Commissioners to make site visits to Mission Rock and the jails.

Commissioner Parker commented that retroactive contracts still appear on the Budget Committee agenda. Ms. Zmuda stated that the Department is close to its goal but it would take more resources than what we have to achieve the 100% goal. Commissioner Guy observed that improvements have been happening. Ms. Zmuda will provide an update and will also look at standard evaluations.

Commissioner Guy raised several issues of concern:

- The African American community is disproportionately affected in health care areas
- Collaboration with the schools on children and youth issues is lacking; the Department needs to build alliances with other groups
- Homelessness among women and children will escalate, given the welfare to work policies
- In requesting date for planning purposes, she is open to feedback from staff

Commissioner Barnes encouraged the Department to enable the Commission to receive the Commission packets by Wednesday or Thursday prior to a Commission meeting. She also wants the larger reports to be given to the Commissioners earlier. President Monfredini requested the Department to send out the Commission packets by Thursday night prior to the Commission meeting.

7) PUBLIC COMMENTS

None.

The meeting was adjourned at 3:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

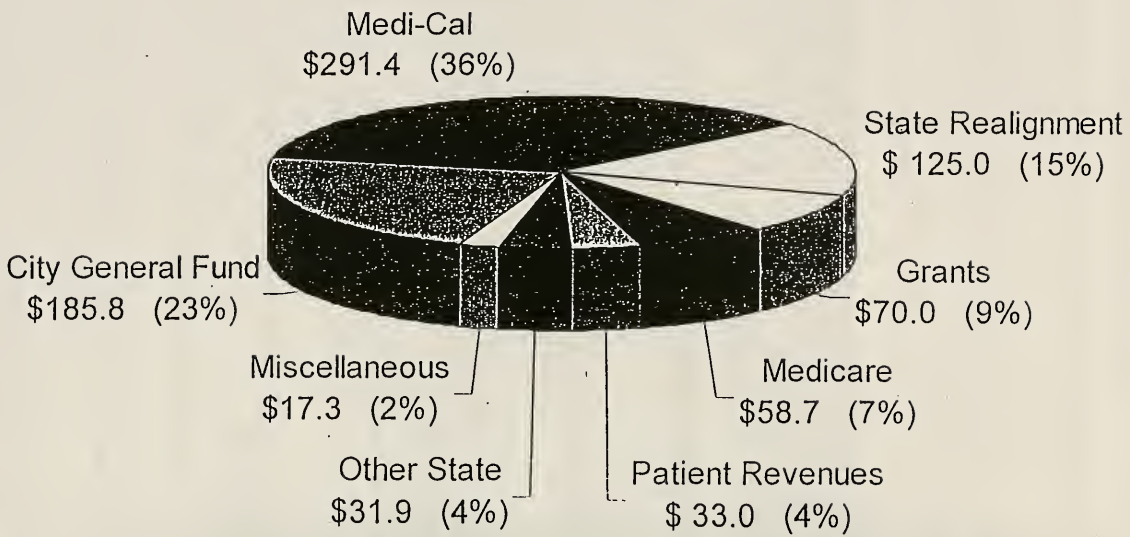
Attachment (5)

Sources of Revenue

FY 98-99 Budget

$813.1 Million

(In Millions)



Attachment A
Page 1 of 1

Current Year - Shortfall

	Revenue Variance	Expenditure Variance	Total Variance
CHN			
SFGH	$ (19,983,588)	$ -	$ (19,983,588)
Laguna Honda	(5,014,784)	-	(5,014,784)
Primary Care	(2,550,364)	3,331,746	781,382
Forensics	-	-	-
Subtotal	(27,548,736)	3,331,746	(24,216,990)
PHP			
Central Admin	-	-	-
Community Health	(243,727)	802,884	559,157
Mental Health	(5,400,000)	5,627,950	227,950
Substance Abuse	500,000	1,427,747	1,927,747
Subtotal	(5,143,727)	7,858,581	2,714,854
Total	$ (32,692,463)	$ 11,190,327	$ (21,502,136)

Current Year - Reduction Plan

	Target	Estimated Actual	Variance
Expenditure Savings			
Personnel Savings - Hiring Delays	$ 7,000,000	$ 5,000,000	$ (2,000,000)
Overtime, Registry, Per Diem	400,000	-	(400,000)
Equipment Purchases (CHN)	1,000,000	1,000,000	-
Capital (CHN)	2,550,000	2,550,000	-
Carryforward Expenses	2,800,000	2,000,000	(800,000)
Marketing (CHN)	650,000	650,000	-
Administrative Expenses	300,000	300,000	-
Med/Psych Unit SFGH - Defer Opening	1,000,000	1,000,000	-
Contractual Services	2,000,000	2,000,000	-
Subtotal	$ 17,700,000	$ 14,500,000	$ (3,200,000)
Increased Revenues			
Cost Repon Settlements	1,500,000	1,500,000	-
Renegotiate Medi-Cal Contract	1,500,000	1,500,000	-
Increase Medi-Cal Eligibility	600,000	-	(600,000)
Increase MAA Reimbursement	200,000	300,000	100,000
Subtotal	$ 3,800,000	$ 3,300,000	$ (500,000)
Total Expenditure & Revenues	$ 21,500,000	$ 17,800,000	$ (3,700,000)

Current Year - Strategy Options to Balance Budget

- ☐ Expand Hiring Freeze
- ☐ Defer Contract Expenditures
- ☐ Access Any Reserves
- ☐ Request Additional General Fund
- ☐ Carryforward Deficit

FY 99-00 - Budget Strategy

- ❒ Request replacement of Lost Revenue at LHH
- ❒ Request funds for MOU increases
- ❒ Request additional funding for uncompensated care at SFGH
- ❒ Negotiate increased Medi-Cal per diem rates - $3 million

FY 99-00 - Budget Strategy

- ❒ Re-allocate funds from some institutional care to provide funding for expanded community based care
- ❒ Reduce expenditures by consolidated services, reducing duplication, outsourcing selective services, reducing work orders
- ❒ Reduce scope of hospital services yet maintain system of care

FY 99-00 - Next Steps

- ❒ Health Commission - Quarterly Reports of Financial Projections for Current Year
- ❒ Controller & Mayor - Monthly Meetings on Current Year Projections
- ❒ Brief Mayor - Current and Next Year Budget Gap
- ❒ Health Commission - Two Presentations FY 99-00 Budget
- ❒ Brief Board of Supervisors - Select Members
- ❒ Meetings with Labor - Discuss FY 99-00 Budget

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AGENDA

HEALTH COMMISSION MEETING

9/99

January 19, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF JANUARY 5, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHN-LHH** – Request for retroactive contract renewal and sole source with the UCSF School of Nursing, in the amount of $111,250, for the provision of primary care services by a gerontological nurse practitioner, and an equivalent advanced practice nurse or clinical nurse specialist to participants in the Adult Day Health Care Center, for the period of October 1, 1998 through September 30, 1999.

(3.2) **PHP-Housing Services** – Request for approval of sole source and new contract with Tenants and Owners Development Corporation (TODCO), in the amount of $60,690, for the provision of support services to homeless people at the Grand Southern Hotel for the period of January 15, 1999 through June 30, 1999.

(3.3) **PHP-CHSS** – Request for retroactive approval to receive funds from the University of California Breast Cancer Research Program, in the amount of $73,486.50, to conduct a research

study entitled "Study of Inadequate Follow-up of Mammography Abnormalities" for the period of July 1, 1998 through June 30, 1999, and a retroactive sole source approval for a new contract with Dr. Arthur Coleman in the amount of $11,532, to assist in this study by developing interview questions, identifying focus group questions, and assisting in the development of survey items, as well as participating in writing a research proposal based on this study, for the period of January 1, 1999 through June 30, 1999.

(3.4) **PHP-CMHS** – Request for approval of the FY 1998-99 Mental Health Performance Contract between the State Department of Mental Health and the Department of Public Health, Division of Mental Health Services.

(3.5) **PHP-CSAS** – Request for approval of retroactive multiyear contract renewal with Driver Performance Institutes (DPI), at no cost to the Department, in the amount of $178,903 per year *in client fees only,* to provide group counseling and education services to persons convicted of first offense driving under the influence of controlled substances, for the period of July 1, 1998 through June 30, 2002.

(3.6) **PHP-CSAS** – Request for approval of retroactive multiyear contract renewal with National Council on Alcoholism-Driving Under the Influence First Offender Program (NCA-DUI), at no cost to the Department, in the amount of $172,156 per year, *in client fees only,* to provide prevention services for the Period of July 1, 1998 through June 30, 2002.

(3.7) **PHP-CMHS-Family Mosaic** – Status Report from Victor Treatment Center on compliance to Health Commission Policy #24.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JANUARY 1999**

6) **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 1999**

7) **CONSIDERATION OF THE SAN FRANCISCO GENERAL HOSPITAL COMPETENCY REPORT FOR 1997-98**

8) **PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR THE COMMUNITY HEALTH NETWORK (CHN) STRATEGIC PLAN**

9) **UPDATE ON YEAR 2000 COMPLIANCE IN THE DEPARTMENT OF PUBLIC HEALTH**

10) **PRESENTATION ON STATE PROPOSITION 10 (EARLY CHILDHOOD DEVELOPMENT INITIATIVE), AND CONSIDERATION OF A RESOLUTION RECOMMENDING THAT A HIGH PRIORITY BE GIVEN TO PREVENTIVE HEALTH SERVICES IN SAN FRANCISCO COUNTY'S STRATEGIC PLAN, TO SUPPORT AND IMPROVE EARLY CHILDHOOD DEVELOPMENT UNDER STATE PROPOSITION 10**

11) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

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9/99

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 19, 1999
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.

Absent: Commissioner Debra A. Barnes
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF JANUARY 5, 1999

Action Taken: The Commission unanimously adopted the minutes of January 5, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

Note: Commissioner Hill chaired the meeting. President Monfredini was present at this meeting.

(3.1) **CHN-LHH** – Request for retroactive contract renewal and sole source with the UCSF School of Nursing, in the amount of $111,250, for the provision of primary care services by a gerontological nurse practitioner, and an equivalent advanced practice nurse or clinical nurse specialist to participants in the Adult Day Health Care Center, for the period of October 1, 1998 through September 30, 1999.

(3.2) **PHP-Housing Services** – Request for approval of sole source and new contract with Tenants and Owners Development Corporation (TODCO), in the amount of $60,690, for the provision of support services to homeless people at the Grand Southern Hotel for the period of January 15, 1999 through June 30, 1999.

President Monfredini stated she looks forward to the completed survey as part of compliance to Policy #24.

(3.3) **PHP-CHSS** – Request for retroactive approval to receive funds from the University of California Breast Cancer Research Program, in the amount of $73,486.50, to conduct a research study entitled "Study of Inadequate Follow-up of Mammography Abnormalities" for the period of July 1, 1998 through June 30, 1999, and a retroactive sole source approval for a new contract with Dr. Arthur Coleman in the amount of $11,532, to assist in this study by developing interview questions, identifying focus group questions, and assisting in the development of survey items, as well as participating in writing a research proposal based on this study, for the period of January 1, 1999 through June 30, 1999.

President Monfredini requested a follow-up report to this research.

(3.4) **PHP-CMHS** – Request for approval of the FY 1998-99 Mental Health Performance Contract between the State Department of Mental Health and the Department of Public Health, Division of Mental Health Services.

(3.5) **PHP-CSAS** – Request for approval of retroactive multiyear contract renewal with Driver Performance Institutes (DPI), at no cost to the Department, in the amount of $178,903 per year *in client fees only,* to provide group counseling and education services to persons convicted of first offense driving under the influence of controlled substances, for the period of July 1, 1998 through June 30, 2002.

(3.6) **PHP-CSAS** – Request for approval of retroactive multiyear contract renewal with National Council on Alcoholism-Driving Under the Influence First Offender Program (NCA-DUI), at no cost to the Department, in the amount of $172,156 per year, *in client fees only,* to provide prevention services for the Period of July 1, 1998 through June 30, 2002.

(3.7) **PHP-CMHS - Family Mosaic** – Status Report from Victor Treatment Center on compliance to Health Commission Policy #24.

President Monfredini commented on the small number of Board members; and that an increase in the number of Board members would enable the contractor towards compliance to Policy #24.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Governor's Proposed 1999-00 State Budget

The following is a summary of Governor Gray Davis' health related provisions in his proposed 1999-00 State Budget.

Overview

Governor Davis released his proposed 1999-00 budget on January 8, 1999. The budget proposes total expenditures of $76.2 billion General Fund (GF), an increase of $3 billion over 1998-99. The majority of new funding is in the Governor's priority area of education, and includes a $444 million augmentation. The Governor states that if the May revise reflects higher revenues, consideration will first be given to increasing the reserve level, education, and employee raises.

The Governor is relying on increased revenue from the federal government of $432 million, including $100 million for the incarceration of undocumented felons, $210 million from an increased federal share of Medi-Cal costs, and $122 million of federal support for State-funded family planning programs. This increased revenue, in addition to the $560 million State share of the national tobacco settlement, limits on new expenditures, and savings in State GF expenditures, represents the Governor's proposal for averting a projected $2.3 billion shortfall. The projected shortfall is based on several factors, including a slowing in revenue growth, and tax cuts and spending increases adopted in the 1998 budget process.

In general, counties are concerned about several proposals to cut or defer state-county partnership programs, including a reduction of $48 million in trial court operations, a deferral of $44 million owed to counties to match federal dollars for flood control projects, and a reduction of fiscal incentives for the Child Support Enforcement Program.

The budget proposes $16.4 billion GF expenditures for health and human services, 27.1 percent of the total budget. Health and human services expenditures are estimated at $51.4 billion in combined federal and state funds.

Health-Related Provisions

- **Proposition 99**: Revenues are projected to decrease significantly due to Proposition 10 and tobacco company increases in cigarette costs leading to decreased consumption -- $390 million is estimated in 1999-00, down from $539 million in 1998-99. Proposed expenditures in service categories other than research are reduced by nearly 40 percent, including a $58 million cut in the California Healthcare for Indigents Program (CHIP). The Governor's proposal is to entirely eliminate county funding for the Other Health Services (Unallocated) account. The administration plans to work with stakeholders to devise a plan to address the declining revenue for Prop 99 funded programs, including reevaluation of priorities, elimination of duplication, and potential consolidation. **The proposed reductions would result in an overall decrease for San Francisco of approximately $3.4 million, including a $2.7 million cut to SFGH and removal of the primary funding source for the CHDP Follow-Up Treatment Mandate.**

- **Realignment:** Total realignment revenues are projected to be $3 billion, $2 billion from sales tax and $1.1 billion from the Vehicle License Fee, 25 percent of which is backfill from the General Fund due to 1998's VLF reduction. Of the total realignment revenues, $2.9 billion would fund the realignment base, and an additional $153 million in 1999-00 would be available to fund caseload growth plus growth for the equity, general growth, and County Medical Services sub accounts.

- **Health Care Reform**: The Governor directs the Secretary for California's Health and Human Services Agency to develop a plan for health care reform based upon the following principles:

    ◊ Maximize health coverage by ensuring that more uninsured children and their parents are insured;

- ◊ Reaffirm and extend the state's commitment to preventing teenage and unintended pregnancy;
- ◊ Promote a fair and open insurance marketplace; and
- ◊ Promote quality and accountability for Californians enrolled in managed care plans.

To fund this plan, the budget relies on obtaining a federal waiver and funding for the current state-funded family planning program. The $122 million federal funding would reduce GF Medi-Cal expenditures by this amount, allowing $62 million to be used to assist in balancing the budget, leaving $60 million to be utilized for health care expansions, including the Healthy Families Program (HFP).

- **Managed Care Reform**: The Governor directs the Secretary for the Business, Transportation and Housing Agency to assemble a team of experts to prepare options within 60 days for more effective regulation of the managed care industry. In general, the Governor's stated principles for managed care reform are: to restore and affirm the primacy of the physician in medical decision-making; hold managed care decision-makers accountable for their decisions; and guarantee consumers access to a second physician's opinion when medically necessary in critical or life-threatening situations.

- **Healthy Families Program**: The Governor proposes a $2.7 million GF increase to apply Medi-Cal income deductions to Healthy Families Program (HFP) applicants, expected to result in coverage to an additional 17,500 children in 1999-00. The budget also includes an additional set-aside of $37.3 million GF for implementation of a plan under development by the administration which will consider:

  - ◊ Expanding eligibility to 250% of the federal poverty level;
  - ◊ State-funded eligibility for recent legal immigrant children;
  - ◊ Streamlining application documentation requirements;
  - ◊ Allowing families with Medi-Cal eligible children to instead enroll in HFP;
  - ◊ HFP coverage for family members of eligible children pursuant to federal cost neutrality provisions and extended beyond these provisions; and
  - ◊ Expanded outreach and education strategies.

- **Child Health and Disability Prevention (CHDP) and California Children's Services (CCS)**: The CHDP caseload is expected to increase 7.4 percent, and would be funded by $27.6 million GF and $52.9 million Prop 99. The CCS caseload is projected to increase 3 percent, and would be funded by $41.8 million GF.

- **Proposition 10**: Revenues are estimated at $373 million in 1998-99 and $684 million in 1999-00, down from earlier estimates due to an expected decrease in consumption because of higher cigarette prices after the National Tobacco Settlement. The Governor indicates one of the highest priorities for the State Commission is to recognize the importance of health care to children in the developmental stage, and for County Commissions to consider utilizing Proposition 10 funds matched by federal funds to extend HFP eligibility beyond the statewide level. The Governor's other specific recommendation for use of Proposition 10 funding is new preschool reading programs.

- **Medi-Cal**: Overall caseload is projected to decrease by 1% (50,000 monthly eligibles) but would be offset by cost increases. There are no proposals to revise the program in any way, and all Medi-Cal optional benefits would be continued. The Governor projects a GF decrease of $69

million, and an increase in federal and special funds by $1.1 billion; assuming an increased share of federal funding based on the State's population estimates.

- **Prenatal and Long-Term Care Services for Undocumented Residents**: The budget includes full funding for both programs -- $63.8 million and $16.6 million, respectively -- pending outcome of litigation. Hearings are scheduled for January 21st and February 2nd, 1999 in two separate cases regarding prenatal care.

- **HIV/AIDS**: The Governor proposes a reduction of $4.1 million GF from the AIDS Drug Assistance Program (ADAP), due to an $18.7 million increase in federal funds and drug manufacturer rebates. Although this results in a $14.6 million overall increase to cover rising ADAP demand and drug costs, there is concern that the $4.1 million state funds should be reallocated to other AIDS care services or HIV prevention programs. These programs have been flat-funded for several years, despite a 200 percent increase in the number of people living with AIDS since 1993. The GF decrease may also be problematic for California's continued fulfillment of the Ryan White CARE Act Maintenance of Effort (MOE) requirement. Moreover, the actual increase in non-state funds for ADAP has since been projected to be $5 million more than what is projected by the Governor, resulting in a total of $9.1 million GF that could be made available for other HIV programs.

- **Breast Cancer Early Detection Program**: $4.2 million in Prop 99 funds which were allocated in last year's budget process for services in 1998-99 are proposed to be reallocated due to reduced demand for services.

- **Substance Abuse**: The Governor proposes a reduction of $5 million GF which was appropriated in 1998-99 for youth treatment services, but has not yet been allocated to counties. The stated reason for this reduction is a $35.1 million increase in federal Substance Abuse Mental Health Services Administration funding.

- **Emergency Medical Services Authority**: The budget proposes a $1.3 million GF augmentation to increase regional and statewide disaster medical coordination, provide grants to volunteer Disaster Medical Assistance Teams, and enhance the provision of field triage and medical treatment at disaster sites.

- **Housing**: The Governor proposes an additional $10 million for housing programs, including a $5 million augmentation to create housing for CalWORKs families and $1 million to support local efforts to provide supportive housing services for persons with disabilities. In 1998, $25 million was initially proposed for supportive housing services statewide, and Governor Wilson vetoed the $5 million appropriated by the Legislature.

- **SSI and CalWORKs Grant Levels**: The budget proposes a 1 percent SSI grant increase effective January 1, 1999, in addition to federal and state Cost of Living Allowances (COLAs). Also included is a required 2.8 percent COLA for TANF grants, effective July 1, 1999.

- **Vocational Rehabilitation**: The budget includes a $0.8 million GF augmentation for the Department of Rehabilitation, to allow the state to access all estimated available federal vocational rehabilitation matching funds and meet the demand for increased services, including for persons with HIV who wish to return to work. In September 1998, the state stopped accepting vocational rehabilitation clients due to inadequate funding.

POPULATION HEALTH AND PREVENTION

Center for Collaborative Planning, Public Health Institute

Tracy Moore, the Black Infant Health Program Coordinator has been selected to participate in the 1999 Class of the Women's Health Leadership program of the Center for Collaborative Planning, Public Health Institute. She is one of 50 of California's "emerging health leaders" selected to the yearlong program. The purpose of the program is to develop critical leadership skills, such as advocacy and policy development necessary for leadership in public health.

Mortality Analysis 1990-1995

Today we are distributing the final version of the *San Francisco Burden of Disease and Illness: Mortality Analysis 1990-1995*, the Department's most comprehensive and systematic analysis of San Francisco mortality. Preliminary results were presented last year by the authors, Tomas Aragon and Randy Reiter of Community Health Epidemiology and Brian Katcher of Community Health Promotion & Prevention. The report analyzes deaths to S.F. residents for the period 1990 through 1995. It emphasizes the burden of premature mortality, and shows leading causes of premature mortality for the City as a whole and for each population group by age, sex, ethnicity and neighborhood. There is a substantial Executive Summary that presents the major results of this study.

The report represents a substantial and unique effort by the Population Health & Prevention Division to present basic information on the health of the people of San Francisco. It goes beyond categorical data from programs dealing with a particular disease, group or area, and looks at mortality from all causes for the whole population and each constituent part of the population. The focus on the leading specific causes of premature mortality will allow users to consider preventive interventions that can have the greatest impacts on improving longevity in any particular group of interest, from the whole City to small neighborhoods. Consideration of prevention priorities will be further aided by prevention attribution matrixes, tables which link the leading causes of premature death to a small number of factors or determinants (such as tobacco, alcohol, inactivity, illicit drugs) known to contribute to a large proportion of deaths in the U.S.

We expect this report to be a great resource within the Department, and to researchers, providers and community groups interested in health conditions in any part of the City's population. Many health professionals and advocates at local, state and national meetings who have discussed it with the authors have already requested copies of the report. We hope it will be of great interest to the Commissioners, and provide you with a valuable resource that you'll be able to draw on repeatedly in the future as you consider many of the health policy issues that come before you.

Ambulance Diversion

The EMS Section reports that Critical Care Diversion of Ambulance decreased in December due to efforts hospitals made to prevent critical care diversion and the implementation of changes to the diversion policy that suspends critical care diversion when three or more hospitals are on critical care diversion. Critical care diversion was suspended three times for a total of 91 hours. This policy will remain in effect through February when we will evaluate the effectiveness of the policy. SFGH invoked trauma override on four occasions; this allows SFGH to remain open only to trauma when critical care suspension is in effect.

In December total diversion hours exceeded critical care diversion hours. We are seeing this pattern continue into January. We suspended total diversion for the first time last night. Additionally, there have been at least four occasions where EMS Section on call staff intervened to prevent suspending total diversion.

As a result of last year's Hospital overcrowding due to flu and flu like illnesses, the Department of Health Services, Division of Communicable Disease issues weekly reports monitoring the flu in Northern and Southern California. These reports are showing only slight increases in these illnesses.

COMMUNITY HEALTH NETWORK

Laguna Honda Hospital: Phase I Census Reduction Completed

Phase I census reduction at LHH, as negotiated with HCFA, was completed as of January 8, 1999. The Phase I reduction consisted of reducing the census from 30 to 26 in each open ward in the main building resulting in a total census reduction of 114 residents. The Hospital's current census is 1064 and should be sustained at approximately that level for the next several months.

Laguna Honda has negotiated a Phase II census reduction with HCFA which would further reduce the open ward census to 25. Implementation of the Phase II reduction is contingent upon State approval for relocation of selected resident units to other areas of the main building. This relocation proposal is currently under review by OSHPD. Upon response from OSHPD, the Hospital will develop implementation plans and a schedule for completion of any State required work, the resident relocations and the subsequent Phase II census reduction.

The CHN Bed Management Committee, chaired by Dr. Melissa Welch, is evaluating the optimal use of LHH beds within the CHN system as we begin exploring alternatives to institutionalized care. In the meantime, Laguna Honda Administrator, Larry Funk, has conveyed the census reduction information to HCFA in a comprehensive status report. I will continue to keep you apprised of the census issues at Laguna Honda.

LHH Average Daily Census Data, December 1998

Acute	6
AIDS	22
SNF	1081
Total:	1087

DOJ Returns to Laguna Honda Hospital

In early 1997, the Department of Justice (DOJ) initiated an investigation of Laguna Honda Hospital (LHH) under the Civil Rights of Institutionalized Person Act (CRIPA). On January 13-15, the DOJ conducted their third site visit of LHH. During their visit, one attorney and two consultants reviewed documents, toured the facility, and observed and met with residents and staff.

During the visit, LHH and CHN representatives described the significance of accomplishments made by LHH over the past year and explained LHH's plans for further change during the short term, and intermediate future. The DOJ acknowledged the importance of the organizational development measures implemented and/or planned for LHH. They also informally stated that they were impressed with many members of the LHH leadership and clinical teams.

The DOJ asked that we continue to focus on improving education and training of staff, interdisciplinary teamwork, resident care plans, and a variety of other resident focused areas. We anticipate that the DOJ will conduct a return visit to LHH perhaps as early as late February to continue monitoring the progress of the Hospital. The DOJ also stated that it needed to review its findings and future plans with their supervisors in Washington, DC.

I will continue to keep the Commission informed of this important issue.

San Francisco General Hospital

New Appointments	17
Reappointments	32
Delinquencies	0
Reappointment Denials	0
Resigned/Retired	10
Disciplinary Actions	0
Restriction/Limitation-Privileges	0
Changes in Privileges additions voluntary relinquishment	1 0
Current Statistics – 01/1-4/99	
Active Staff	355
Affiliate Professionals (non-physicians)	124
Courtesy Staff	605
Referring Staff	29
Total Members	1113
Applications in Process	60
Reappointments in Process	62
Reappointments Requested not Received (Due through 1/4/99)	103

Commissioner Chow encouraged the Department to plan ahead for the anticipated loss of revenue from Proposition 99. He also noted the recent released data report on mortality rates could be used in the upcoming budget process as a tool to address population-based prevention.

President Monfredini encouraged Commissioners to request information meetings regarding the Governor's budget. She also thanked Larry Funk and his Laguna Honda Hospital staff for their extraordinary job for the Department of Justice site visit.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JANUARY 1999**

President Monfredini presented the Department of Public Health Employee Recognition Awards to the following:

Individual	Division	Nominated by
Sai-Ling Chan-Sew	PH&P/Mental Health	Collins R. Munns
Christia Mea	PH&P/Comm. Health & Safety Services, Bureau of Env. Health	John Martinez
Steve Purser	PH&P/Comm. Health Services, Children, Youth & Families	Bob Prentice

Elisa Wang-Gao	CHN/Mental Health Rehab. Facility	Michael J. Roach
Raul Ynami	PH&P/Comm. Health & Safety Services/STD Registration Unit	Andrew Williams

Team	Division	Nominated by
Norma del Rio, MSW Cindy Lee, RN	CHN/Health at Home	Mary Kay McKown, RN, MS April Lax, MSW, LCSW

6) **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 1999**

Action Taken: The Commission unanimously continued this item to the February 2, 1999 meeting when all of the Commissioners could be present.

7) **CONSIDERATION OF THE SAN FRANCISCO GENERAL HOSPITAL COMPETENCY REPORT FOR 1997-98**

Gene O'Connell, SFGH Executive Administrator, introduced SFGH Human Resources Director Rod Auyang, who provided the following:

Goal

To achieve 100% completion of FY 1997-98 Performance Appraisal Reports in order to ensure that levels of job performance are reviewed, and mechanisms are in place to follow up on unsatisfactory performance. The ultimate goal is to ensure safe and competent care and services.

Steps Taken

1. Human Resources provides administrative managers with lists of employees for whom they are responsible and updates on the status of these employees on a regular basis.

2. The expectation that all Administrators and Managers are accountable for ensuring that reports are completed was communicated to all by having:

    a. The Executive Administrator makes clear expectations of Administrators and Managers (including target dates for completion).

    b. Human Resource Services follow up with each Administrator and Manager.

3. Follow-up developmental plans will accompany copies of appraisals for employees whose performance is deemed unsatisfactory.

Follow-up

1. Administrators and Managers will be held accountable for completing reports. Non-compliance will be reflected in the Administrator's or Manager's own performance appraisal report.

2. Extent of compliance will be shared with all Administrators and Managers by Human Resources.

3. Human Resources will assist Managers in reviewing and monitoring the progress of those employees who received unsatisfactory appraisals.

Mr. Auyang reviewed a summary of performance appraisals for City and County employees (Attachment A), an analysis of performance appraisals with unsatisfactory ratings, and competency compliance for contract services. He also reported the following on UCSF Contract Services:

- 92% complete as of January 8, 1999. The remainder will be completed soon.

- Three individuals have been rated as Failing to Meet Expectations. All had to do with attendance problems. All are subject to progressive corrective action. One individual had an additional component of the appraisal related to quality of work being un-satisfactory. This individual has received a letter of warning stating that if improvement is not forthcoming that further action, up to and including dismissal, will result.

- Four individuals have been rated as Partially Meeting Expectations. Two were related to attendance problems. One of the two also had efficiency problems identified and received retraining and increased monitoring of work by the supervisor. While the quality of work improved to a satisfactory level, attendance still remains a problem and is being dealt with appropriately. The other two individuals were noted to have only partially met expectations because of their lack of attention to detail. Both have responded to their appraisals and are expected to receive satisfactory ratings for the next appraisal period.

- The Dean's Office reviews the compliance of Departments with completing performance appraisals regularly. Department managers are contacted personally. Departments of divisions are subject to corrective action if deemed appropriate.

Commissioners' Comments:

- Administrative level has not completed its competency report by 3.4%.

- What is the impact of retraining on the improvement of employees?

- Does the Department of Public Health have a standard rating system?

- The environmental services competency report should be reviewed and discussed at the JCC-SFGH.

- Are the employees new or long-time employees who receive "needs development" or "unacceptable" ratings?

- Mr. Auyang reported that SFGH continues to improve organizational performance and meet JCAHO standards. He assured the Commission that the competency of all staff members is assessed, maintained, demonstrated, and continually improved.

Action Taken: The Commission accepted the SFGH Competency Report for FY 1997-98.

8) PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR THE COMMUNITY HEALTH NETWORK (CHN) STRATEGIC PLAN

Anthony G. Wagner, CHN Executive Administrator, presented an overview of the CHN Strategic Planning process (Attachment B).

Mr. Wagner thanked the diverse participants in the Strategic Planning and acknowledged the planning work of Diane Miller, Judith Klain, and Anson Moon.

Commissioner Chow, who served on the CHN Strategic Planning Committee, emphasized the need to serve and focus on the safety net target population. He observed that although this is an ambitious plan, there is a commitment to a strong delivery system.

Commissioner Parker pointed out the community partnership that is needed to solve the many problems, including mental health and substance abuse. He commended the Planning Committee for its good work.

Action Taken: The Commission unanimously adopted Resolution #2-99, "Accepting and Approving the Community Health Network Strategic Plan", as amended by Commissioner Chow, (Attachment C).

9) UPDATE ON YEAR 2000 COMPLIANCE IN THE DEPARTMENT OF PUBLIC HEALTH

Monique Zmuda, Chief Finance Officer; David Counter, Information Technology Director for the Department of Public Health; Eric Miller, Facilities Director of CHN; and Gary Chilton, Systems Manager, gave a quarterly status of activities of the Citywide Committee on Information Technology, which coordinates and monitors Y2K (Year 2000) compliance. They covered the following activities: creating awareness, inventory, assessment, remediation, and contingency planning. For a copy of the full report, contact the Commission Office at 554-2666.

Ms. Zmuda reported a Y2K test day will be scheduled for mid-May. She reported that a Y2K communication plan has been developed and is under implementation. A complete inventory of equipment and systems has been developed, and Y2K assessment of all inventoried items is nearly complete. Medical equipment and most facility systems have been assessed to be either in compliance or non-impacted by century date changes. Major remediation requirements are funded and underway. Additional testing is scheduled or underway to ensure that systems deemed to be compatible will not fail. Finally, the Department has planned to advance the date on all its systems as an ultimate test of the MIS infrastructure, including all of its components.

Many technical and professional staff have allocated significant resources and attention to have already accomplished the tasks summarized thus far. The Department is committed to successfully complete all steps of the Y2K compliance plan to ensure continued integrity of its information and medical systems.

Commissioner Chow inquired about federal requirements, contractors' compliance, and outside vendors' compliance.

President Monfredini thanked the Department for the report.

10) **PRESENTATION ON STATE PROPOSITION 10 (EARLY CHILDHOOD DEVELOPMENT INITIATIVE), AND CONSIDERATION OF A RESOLUTION RECOMMENDING THAT A HIGH PRIORITY BE GIVEN TO PREVENTIVE HEALTH SERVICES IN SAN FRANCISCO COUNTY'S STRATEGIC PLAN, TO SUPPORT AND IMPROVE EARLY CHILDHOOD DEVELOPMENT UNDER STATE PROPOSITION 10**

Tangerine Brigham, Director of Policy and Planning, presented an overview of the Early Childhood Development Initiative (Attachment D).

Commissioner Chow proposed an amendment to the proposed resolution. He would advocate for the newly created San Francisco Children and Families First Commission to focus on specific areas (i.e., preventive and clinical health services).

Action Taken: The Commission unanimously adopted Resolution # 3-99), "Recommending that a High Priority be Given to Preventive and Clinical Health Services in San Francisco's Strategic Plan to Improve Early Childhood Development Pursuant to Proposition 10," (Attachment E), as amended by Commissioner Chow.

11) **OTHER BUSINESS/PUBLIC COMMENTS***

None.

The meeting was adjourned at 5:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (5)

SUPPLEMENT
TO THE
COMPETENCY REPORT

January 19, 1999

Summary of Performance Appraisals for City and County Employees

As of January 14, 1999, ninety percent of performance appraisals for City and County employees has been completed. To give more detailed summary, we have grouped these employees by their functions:

Patient Care: Employees who provide direct care to our patients as well as those who supervise them: nurse managers, staff nurses, psychiatric technicians, nursing assistants, licensed vocational nurses, therapists, etc.

Clinical Support: Employees who provide support to patient care providers, such as: laboratory technicians, pharmacists, unit clerks, radiologic technologists, medical records technicians, etc.

Environmental Support: Employees who are responsible for the physical environment of the Hospital community, such as: plant staff, housekeepers, security, etc.

Administrative Support: Employees whose functions are primarily administrative in nature, such as those in operations, finance, resource management, and other non-patient care areas.

The breakdown of the status of employee appraisal by grouping is as follows:

Patient Care

Outstanding	17.6 %
Exceeds Standards	39.3 %
Competent & Effective	30.9 %
Needs Development	1.1 %
Unacceptable	0.3 %
Leave/Inactive	2.1 %
To be Completed	8.8 %

Clinical Support

Outstanding	12.4 %
Exceeds Standards	35.3 %
Competent & Effective	30.3 %
Needs Development	6.7 %
Unacceptable	0.5 %
Leave/Inactive	1.0 %
To be Completed	13.7 %

Environmental Services

Outstanding	5.8 %
Exceeds Standards	19.2 %
Competent & Effective	62.0 %
Needs Development	2.4 %
Unacceptable	0.6 %
Leave/Inactive	1.6 %
To be Completed	8.6 %

Administrative Services

Outstanding	11.0 %
Exceeds Standards	31.0 %
Competent & Effective	39.0 %
Needs Development	3.3 %
Unacceptable	0.3 %
Leave/Inactive	1.8 %
To be Completed	13.4 %

Submitted by: Rod Auyang, Human Resources Manager

City and County of San Francisco

Department of Public Health

Mitchell Katz, M.D.
Interim Director of Health

TO: Lee Ann Monfredini, President and Members
San Francisco Health Commission

THROUGH: Mitchell H. Katz, M.D.
Director of Health

FROM: Anthony G. Wagner, Executive Administrator,
Community Health Network

RE: Community Health Network Strategic Plan 1999

DATE: January 19, 1999

This memorandum provides background information on the 1999 Strategic Plan for the Department's Community Health Network. Also provided are copies of the plan, strategies for implementation, and data analysis that was used to come up with the plan's findings. The Department is proposing that the Health Commission consider passing a resolution in support of the Network's Plan.

Background

In 1996, the Department of Public Health began a strategic restructuring plan to best position San Francisco's public health system to respond both to patient needs and to changes in health care financing. As directed by the Health Commission, the Community Health Network (CHN) has made significant progress over the last two years, restructuring the organization so that it supports the vision for a *seamless system of care*. With a guiding philosophy that places client need at the center, the CHN is challenged to respond to funding and market forces that have radically changed the face of health care.

To assess the efforts we have made these past few years and to develop a plan of how we should proceed, the CHN, in October of 1998, launched the second phase of its strategic planning. The goals were to:

- identify CHN's target populations, and assess our likelihood of increasing capitated populations, and
- develop positioning strategies and resources that will allow us to best meet the needs of our clients and the San Francisco communities we are dedicated to serving.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

Process

In October 1998, Anthony Wagner, the CHN Executive Administrator, appointed a 30-member committee to assist the CHN during its' second phase of strategic planning. The Strategic Planning Committee included a wide range of people: CHN staff, Department of Public Health employees, the Health Commission, labor, the community, volunteers, and civic leaders all working together to support the Department's goals. The Committee met three times and culminated its efforts in a all-day planning retreat. Committee recommendations were reviewed throughout various levels of the Department for feasibility and feedback.

Key Findings

A. External Assessment

- There will be reduced funding overall, less medical education dollars, more regulatory requirements that will reduce flexibility, and increased competition.

B. Target Populations

- 66% of our patients come from six San Francisco neighborhoods (94102, 03, 10, 12, 24, 34) that are poorer, lack insurance, and have more acute health problems including the highest injury, morbidity, and hospitalization rates in the City.
- 9% (n=11,000) of CHN patients were homeless, with a higher percentage of homeless using emergency services (28% homeless v. 16% CHN population). Homeless patients comprise 24% of the acute inpatient days.
- We are seeing fewer mothers and children and more complex patients who need psycho-social support services. We serve a small proportion of the City's elderly and Asian population.
- An individuals negative or positive experience they have at SFGH is critical to their decision to choose CHN for primary care.
- 56% of CHN patients received care at a primary care site, 25% used a combination of specialty, acute, or emergency services, but not primary care, 17% used only Emergency services, and 2% inpatient services only.

Strategic Objectives

Based on the above findings four operational strategies were identified to be carried out over the next three years. They all meet the CHN's long-term priorities for supporting the Department's *public health mission, integration, customer service, cost effectiveness, and licensure and accreditation.*

Strategy 1: Focus on the Patient and build a seamless system of care
Ensuring every patient has a primary care provider, that care management protocols are in place, and that staff receives appropriate and ongoing training.

Strategy 2: Build a Health Community
Focusing on building models of care appropriate for the clients already in CHN care who live in high risk neighborhoods identified above, and developing appropriate alternatives to institutionalization.

Strategy 3: Stabilization
Including infrastructure improvement in the areas of staff, training, facilities, capital, decision support and community relations; building the internal communication system; and expanding partnerships with labor, UCSF and the community.

Strategy 4: Investment in Infrastructure
CHN is committed to looking internally first at reallocation of resources as one way of investing in the infrastructure. However, if no other alternatives exist, CHN will work with the Director of Health and the Commission to advocate for additional general funds. These funds are a necessary investment for the CHN to remain a viable safety net, and continue to provide quality care for San Francisco's most vulnerable communities.

Implementation

Once approved by the Health Commission, strategies will be implemented by existing CHN operation committees. All strategies will be monitored and evaluated to ensure we are meeting implementation benchmarks. Given the ongoing and dynamic changes in health care, the priorities of the Strategic Plan will be evaluated annually.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-99

ACCEPTING AND APPROVING THE COMMUNITY HEALTH NETWORK STRATEGIC PLAN FOR 1999

WHEREAS, the Department of Public Health's 1996 restructuring process established the Community Health Network of San Francisco as its integrated delivery system; and,

WHEREAS, the licensed components of the Community Health Network are required to have a strategic plan; and,

WHEREAS, in the Fall of 1998, the Executive Administrator of the Community Health Network established a broad based Planning Committee to recommend strategic objectives for the governing body's approval; and,

WHEREAS, the planning analysis identified key populations and communities served by the Community Health Network with 65% of the patients living in low-income areas; 70% ethnic minorities; 9% of the patients homeless, making up 24% of emergency visits and acute days; and,

WHEREAS, the model of care to meet the needs of the Community Health Network's patients is based on a strong link between the patient and primary care provider, and a system-wide care management approach augmented with psychosocial and enabling services that is focused, when appropriate, in transitioning patients from institutional care to community based services; and,

WHEREAS, the Community Health Network plays an important role as the City's safety net and can best serve its patients and community by strengthening its delivery components, emphasizing the most appropriate level of care, and working in collaboration with the Public Health and Prevention Division to identify and address community health issues; now, therefore, be it

RESOLVED, that the Community Health Network maintain five long term priorities as the foundation to carry out its role as the Department of Public Health's delivery arm. Priorities include: 1) The Community Health Network's care delivery in the context of the Public Health Mission to provide quality, comprehensive, culturally-proficient health services, 2) Customer service, 3) Integration, 4) Cost-effective care, and 5) Compliance with licensure and regulatory requirements, and, be it

FURTHER RESOLVED, that the Community Health Network also must develop annual operational strategies to successfully implement the priorities. The first operational strategy for year one, focuses on the patient: building a seamless system of care with an identified primary care provider for each patient, and, be it

FURTHER RESOLVED, that the Community Health Network's second operational strategy is to improve access and services for targeted communities by working in collaboration with Population Health and Prevention and, when appropriate, transition patients from institutions to community based care; and, be it

FURTHER RESOLVED, that the Community Health Network's third operational strategy recognizes that to maintain this system of care, attention and investments must be made in supporting the infrastructure, which includes not only facility maintenance but staff training, communication and decision support; and that this is done in collaboration with UCSF, labor and community partners; and, be it

FURTHER RESOLVED, that the Community Health Network's fourth strategy recognizes the shortfall of third party revenue sources needed to cover the costs of maintaining the existing delivery system and proposes exploring methods for investing in the infrastructure in order to maintain a viable safety net; and be it

FURTHER RESOLVED, that the San Francisco Health Commission accepts and approves the Community Health Network's strategic plan for 1999.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 19, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

TO: Lee Ann Monfredini, President and Members
San Francisco Health Commission

FROM: Mitchell H. Katz, M.D.
Director of Health

RE: Implementation of State Proposition 10

DATE: January 11, 1999

This memorandum provides background information on State Proposition 10, the California Children and Families First Initiative. The Department also provides the Health Commission with updated information on San Francisco's implementation of this important initiative. The Department is proposing that the Health Commission consider a resolution in support of funding preventive health initiatives through Proposition 10.

Background

California voters passed Proposition 10, the California Children and Families First Initiative, in November 1998. Proposition 10 took effect January 1, 1999 and imposes an additional 50 cents per package tax on cigarettes and similar taxes on other tobacco products. Pursuant to the initiative, the increased tax revenue will be used to establish state and county programs to enhance the health and early development of children from the prenatal stage to five years of age. The Initiative calls for the creation and implementation of an integrated, comprehensive, consumer-friendly system of information and services in each county to enhance early childhood development.

The Initiative is currently projected to generate $373 million in 1998-99 and $684 million in 1999-00, a decrease from earlier estimates due to the impact of the increase in cigarette prices following the National Tobacco Settlement. Eighty percent of the revenue is designated to go to county commissions to distribute according to strategic plans they develop to improve early childhood development. The formula for allocating funds to counties is based on the number of births in each participating county.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

The remaining twenty percent of revenue will go to the California Children and Families First Commission to distribute within designated percentages for mass media, public education, child care, and research and development programs. This state Commission will be comprised of seven voting members, including: three appointed by the Governor, one of whom must be a county health officer; two appointed by the Assembly Speaker; and two appointed by the Senate Rules Committee. Prior to ending his term, former Governor Wilson appointed Kim Belshé, his Director of Health Services, and Rob Reiner, author of the Initiative, to the Commission, leaving the county health officer seat for Governor Davis to fill.

In order for counties to receive funds between January 1, 1999 and June 30, 2000, counties must: (1) adopt an ordinance establishing a county Commission which is required to adopt a county strategic plan, to hold specified public hearings, and to prepare and adopt annual audits and reports; (2) establish a Commission and appoint a majority of its members; and (3) establish a Children and Families First Trust Fund. While counties will receive funds once the above requirements are met, they may not expend funds until their local Commission has adopted an adequate and complete strategic plan. If counties have not adopted an adequate and complete county strategic plan by July 1, 2000, they can no longer receive funds.

State Policy Issues

The Department has and will continue to monitor several state policy issues which have been raised surrounding Proposition 10, including:

- pending appointments to the California Children and Families First Commission, its role in providing guidance or directives to counties beyond the language of the Initiative, and its priorities and content of statewide media, education, and research efforts funded by Proposition 10 revenues.
- Governor Davis' statement in the proposed 1999-00 budget that the State Commission should recognize the "importance of health care to children in the developmental state between birth and age five," and his specific recommendation that county commissions consider using local Proposition 10 funds matched by federal funds to extend Healthy Families Program eligibility for this age group beyond the statewide level.
- the impact on actual revenues by: (1) possible revisions in birth statistics according to county of residence rather than county of birth; (2) state costs to administer and enforce the new tax; and (3) required offsets to Proposition 99 revenue losses in education, research and breast cancer.
- Proposition 10's impact on Proposition 99 funding by reducing tobacco product sales. Proposition 10 provides revenue protections which hold harmless Proposition 99 health education and research revenues and breast cancer revenues. However, no such protections exist for indigent health care

and environmental protection programs. This will further decrease already declining Proposition 99 funds available for indigent health care in San Francisco.
- the impact of State legislative bills – expected to be numerous - which will be introduced in early 1999 to revise or clarify the provisions of Proposition 10.

San Francisco Implementation

San Francisco's share of new revenue is currently estimated to be $4.6 million in 1998-99 and $8.5 million in 1999-00. The actual amount of revenue, however, may change for the reasons stated above and depending on the number of participating counties.

On December 21, 1998, the San Francisco Board of Supervisors adopted Ordinance Number 409-98 establishing the San Francisco Children and Families First Commission, creating the San Francisco Children and Families Trust Fund, and fulfilling the other statutory requirements for receipt of funds under Proposition 10. The Commission will be comprised of nine members: the Director of the Department of Public Health or his designee; the General Manager of the Department of Human Services or his designee; a member of the Board of Supervisors; the Director of the Mayor's Office of Children, Youth and their Families; and five members selected from a list of designated categories.

Administrative support for the Commission will be provided by the Mayor's Office of Children, Youth and Their Families. The ordinance states the Commission will be convened by March 1, 1999. The ordinance also mandates that the Commission establish at least one advisory committee to provide technical and professional expertise and support to the Commission, and that one such committee be comprised of members nominated by the Starting Points Initiative Early Childhood Interagency Council.

Pursuant to the requirements of Proposition 10, the San Francisco Commission must establish a strategic plan, which the San Francisco ordinance states will be completed by May 1, 2000. The plan will include, at a minimum:

- a description of goals and objectives;
- a description of proposed programs, services, and projects;
- a description of how measurable outcomes of such programs, services, and projects will be determined by the Commission using appropriate reliable indicators; and
- a description of how programs, services, and projects relating to early childhood development will be integrated into a consumer-oriented and easily accessible system.

Prior to adopting its strategic plan, the San Francisco Commission is required to review and consider a variety of planning documents including the current Children's Services Plan prepared by the Mayor and relevant reports issued by a variety of city advisory boards, commissions and departments including: the Departments of Public Health and Human Services; the Health Commission; the Human Services Commission; the Citywide Alcoholism Advisory Board; the Maternal and Adolescent Health Board; the Drug Abuse Advisory Board; the Mental Health Board, the San Francisco Unified School District; the Starting Points Initiative, and the Early Childhood Interagency Council.

San Francisco Supervisor Leland Yee has called for a hearing to be held in February 1999 to consider issues related to the composition of the Commission, development of the strategic plan, and other local implementation topics.

The Department's Role in Local Implementation

As stated above, there is a seat on the San Francisco Children and Families First Commission for the Director of the Department of Public Health or a designee. Through this position and the Department's continuing collaborative relationship with the Mayor's Office of Children, Youth and their Families, we will work to ensure that local implementation promotes significant improvements in the well-being and healthy development of young children in San Francisco. Toward this end, the Department has begun discussing health-related priorities that can be supported by new Proposition 10 revenues. These priorities fall within two major categories: (1) prevention of risks faced by pregnant mothers and young children and (2) clinical health services to high risk young children and families.

First, the Department believes that the strategic plan should support programs that will prevent social, environmental, and physical risks to pregnant women and young children. The rapid development of young children makes them uniquely vulnerable to social, environmental and physical risks, many of which are avoidable. These risks can result in immediate health problems, as well as, development of health and emotional problems later in life. Given the limited funding available for San Francisco, the Department believes that Proposition 10 funding can be effectively spent on prevention initiatives which are low-cost and have an impact on a broad population. For example, the San Francisco strategic plan could support prevention-related programs that:

- Provide support for families in the CalWORKs program, increase affordable quality childcare, and support stable affordable housing for families, in order to address poverty, the leading health risk for children.
- Reduce community violence, domestic violence and child abuse, especially programs which focus on prevention of behaviors and environmental factors that put children at risk of injury.

- Reduce environmental risks to children, including programs that improve access and standard of care for treatment of asthma, and that improve housing and daycare conditions for families of young children with a focus on prevention of lead poisoning and asthma trigger risk factors.
- Reduce adult smoking and childhood exposure to secondhand smoke.
- Reduce substance abuse by pregnant women and focus on the societal context within which substance abuse occurs, in order to avoid exposure to illegal drugs and alcohol in utero and by young children, which have significant negative short and long term consequences.
- Increase access to immunization programs for children with lower immunization rates, as the most effective and inexpensive tool for prevention of communicable diseases.
- Support breastfeeding programs and policies, and food access and nutrition education.

In addition, health care systems must have the latest information, skills, tools, and models of care to incorporate preventive health practices which focus on child development, family support, health promotion, and health-risk screening. Revised standards of care and quality improvement measures are also needed to ensure successful outcomes for recipients and providers. Therefore, programs with a proven track record in working with San Francisco child health providers in these areas should be supported.

Moreover, to ensure the health and well-being of young children, the strategic plan should support providing pregnant women and young children with quality, appropriate clinical health services. Children and families at high risk for emotional and physical health problems should have access to intensive and/or innovative clinical services. Examples of clinical health services important to early childhood development include:

- Prenatal care, particularly programs that increase access for women with lower rates of entry into early care;
- Out-patient mental health services for young children, in-home intensive case management for children with special needs, and therapeutic childcare for abused and neglected children.
- Dental health services with increased access, and information and education about prevention of childhood dental caries and gum disease.

The above priorities are those which have been identified by the Department in initial discussions regarding Proposition 10. Once the members of the San Francisco Children and Families First Commission members are appointed and convened, the Department will develop a mechanism to continue internal discussions and to review and provide input on the Commission's actions and drafts of the strategic plan.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 3-99

RECOMMENDING THAT A HIGH PRIORITY BE GIVEN TO PREVENTIVE AND CLINICAL HEALTH SERVICES IN SAN FRANCISCO'S STRATEGIC PLAN, TO IMPROVE EARLY CHILDHOOD DEVELOPMENT PURSUANT TO PROPOSITION 10

WHEREAS, the citizens of California approved the passage of Proposition 10 in November 1998, the California Children and Families First Initiative, and,

WHEREAS, the Health Commission supports the goals of Proposition 10 to enhance the health and early development of children from the prenatal stage to five years of age, and to create and implement an integrated, comprehensive, consumer-friendly system of information and services; and,

WHEREAS, the Health Commission supports the use of new revenues generated from increased tobacco product taxes for counties to develop strategic plans for funding programs that promote the goals of Proposition 10; and,

WHEREAS, pursuant to Proposition 10, the San Francisco Board of Supervisors has adopted Ordinance #409-98, creating the San Francisco Children and Families First Commission; and,

WHEREAS, the San Francisco Children and Families First Commission is scheduled to convene by March 1, 1999; and,

WHEREAS, the San Francisco Children and Families First Commission is scheduled to complete a strategic plan for the use of San Francisco's Proposition 10 revenues by May 1, 2000; and,

WHEREAS, the Health Commission supports the review and consideration by the San Francisco Children and Families First Commission, of existing planning documents prepared by City and County of San Francisco departments, commissions, and advisory boards; now, therefore, be it

RESOLVED, that the Health Commission recommends that a high priority be given to preventive and clinical health services in the strategic plan created by the San Francisco Children and Families First Commission to improve early childhood development pursuant to Proposition 10; and, be it

FURTHER RESOLVED, that the Health Commission recommends that preventive and clinical health services, such as the following, to be prioritized in the strategic plan, include but are not limited to programs that: increase affordable quality childcare; provide stable affordable housing for families; reduce community violence, domestic violence, and child abuse; reduce environmental risks to children; reduce adult smoking and childhood exposure to

secondhand smoke; reduce substance abuse by pregnant women; increase access to immunization; support breastfeeding programs and policies; enhance access to food and nutrition education; support inclusion of preventive health practices in health care systems; increase access to prenatal care; provide out-patient mental health services for young children, provide in-home intensive case management for children with special needs, provide therapeutic childcare for abused and neglected children; and increase access to dental health services and preventive information and education; and, be it

FURTHER RESOLVED, that the Health Commission will continue to provide input to the San Francisco Children and Families First Commission, with respect to effective promotion of the health and early development of San Francisco children from the prenatal stage to five years of age.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 19, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

John I. Umekubo, M.D.
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

February 2, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE SPECIAL MEETING OF JANUARY 13 AND REGULAR MEETING OF JANUARY 19, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David Sanchez, Jr., Ph.D.)

(3.1) Status Report on Urban Indian Health Board, Inc./Native American AIDS Project's compliance to board diversity.

(3.2) Report on compliance with Health Commission Policy #24 by Catholic Charities

(3.3) **PHP-HIV Health Services** – Request for approval of retroactive contract renewal with Shanti Project in the amount of $286,065, for the provision of emotional and practical support services to people with HIV/AIDS, for the period of October 1, 1998 through June 30, 1999. (DPH contracted with Shanti for services totaling $290,639 during FY 1997-98).

(3.4) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Tenderloin AIDS Resource Center (TARC), in the amount of $163,047, for the provision of

HIV prevention services targeting behavioral risk populations, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with TARC for services totaling $426,186 during FY 1997-98).

(3.5) **PHP-HIV Health Services** – Request to approve the contract term extensions of 66 CARE funded HIV health services contracts with the following 48 contractors for three months from March 1, 1999 through May 31, 1999:

AIDS Benefits Counselors
AIDS Emergency Fund
AIDS Legal Referral Panel
American College of Traditional Chinese Medicine
Ark of Refuge
Asian & Pacific Islander Wellness Center
Baker Places, Inc.
Bar Association of San Francisco
Bayview Hunters Point Foundation
Black Coalition on AIDS
Catholic Charities
Chemical Awareness and Treatment Services
Community Dental Care, Inc.
Continuum HIV Day Services
CPMC/Visiting Nurses and Hospice
Family Service Agency of San Francisco
Family Support Services of the Bay Area
Glide Foundation
Golden Gate Community/Bridge for Kids
Haight-Ashbury Free Clinics, Inc.
Immune Enhancement Project
Instituto Familiar de la Raza
Iris Center
Larkin Street Youth Center
Legal Services for Children
Lutheran Social Services
Lyon Martin Women's Health Services
Mission Neighborhood Health Center
New Leaf
Project Open Hand
Quan Yin Healing Arts Center
Saint Mary's Medical Center
San Francisco AIDS Foundation
San Francisco Community Clinic Consortium
San Francisco Food Bank
San Francisco Suicide Prevention
Shanti Project
The Support Center
Tenderloin AIDS Resource Center
UCSF Center on Deafness
UCSF Department of Psychiatry/AIDS Health Project
UCSF Department of Psychiatry/Substance Abuse Srvcs
UCSF Pediatric AIDS Program
UCSF Women's Specialty Clinic
University of the Pacific School of Dentistry
Urban Indian Health Board
Walden House
Westside Community Mental Health Center

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 1999**

6) **PRESENTATION AND PUBLIC HEARING OF THE PROPOSED FY 1999-00 DEPARTMENT OF PUBLIC HEALTH BUDGET**

7) **CONSIDERATION OF AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL GOVERNING BODY BYLAWS**

8) **5:00 TIME SPECIFIC:** **PROPOSITION Q HEARING ON CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) CONSOLIDATIONS (SEE ATTACHED)**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

NOTICE

SPECIAL PUBLIC HEARING
HEALTH COMMISSION MEETING

Tuesday, February 2, 1999
Time Specific: 5:00 p.m.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

Public hearing, in accordance with the Health Care Planning Ordinance (Proposition Q – 1988), to consider the impact of the following changes on health care services of the community at California Pacific Medical Center.

California Pacific Medical Center is planning a clinical consolidation. The changes are necessitated by an increase in our census and our mission to continually adapt and improve the quality and efficiency of our patient care. The following summarizes the planned changes:

Unit	Planned Changes	Site
Labor and Delivery	Expansion	California Campus
Skilled Nursing	Relocate select units and expand *(Skilled nursing beds will remain on both California and Davies Campuses)*	California and Davies Campuses
Acute Rehabilitation	Consolidate	California to Davies

These anticipated changes will ultimately result in a net increase of operational beds.

Persons unable to attend this public hearing may submit written comments to: Lee Ann Monfredini, President, Health Commission, 101 Grove Street, Room #311, San Francisco, CA 94102

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, February 2, 1999
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

On behalf of the Commission, President Monfredini presented outgoing Commissioner Debra A. Barnes with a special plaque for her dedicated and hard work during her tenure on the Commission. Commissioner Hill presented flowers to Ms. Barnes.

Each Commissioner thanked Ms. Barnes for her contribution and expertise to the Commission.

Ms. Barnes thanked and acknowledged her colleagues on the Commission, the Department staff, and Ms. Mori for all of their support to her as a Commissioner.

2) APPROVAL OF MINUTES OF THE SPECIAL COMMISSION MEETING OF JANUARY 13, AND THE REGULAR MEETING OF JANUARY 19, 1999

Action Taken: The Commission unanimously adopted the minutes of January 13 and January 19, 1999, with the correction of page 1 of the January 13 meeting to read "special" meeting.

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) Status Report on Urban Indian Health Board, Inc./Native American AIDS Project's compliance to board diversity.

(3.2) Report on compliance with Health Commission Policy #24 by Catholic Charities

The Department reported that Catholic Charities is in compliance.

Commissioner Hill acknowledged the struggle on the compliance issue but thanked Catholic Charities for its hard work towards compliance.

(3.3) **PHP-HIV Health Services** – Request for approval of retroactive contract renewal with Shanti Project in the amount of $286,065, for the provision of emotional and practical support services to people with HIV/AIDS, for the period of October 1, 1998 through June 30, 1999. (DPH contracted with Shanti for services totaling $290,639 during FY 1997-98).

(3.4) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Tenderloin AIDS Resource Center (TARC), in the amount of $163,047, for the provision of HIV prevention services targeting behavioral risk populations, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with TARC for services totaling $426,186 during FY 1997-98).

Commissioner Sanchez requested this item be continued for 30 days in order for the Department to review this contractor for specific measurable improvements on its monitoring report. In order to minimize cash flow issues for the contractor, Commissioners Sanchez and Hill recommended a 30-day contract extension of the previous contract. This item will be recalendared for the March 2, 1999 Budget Committee agenda.

(3.5) **PHP-HIV Health Services** – Request to approve the contract term extensions of 66 CARE funded HIV health services contracts with the following 48 contractors for three months from March 1, 1999 through May 31, 1999:

AIDS Benefits Counselors
AIDS Emergency Fund
AIDS Legal Referral Panel
American College of Traditional Chinese Medicine
Ark of Refuge
Asian & Pacific Islander Wellness Center
Baker Places, Inc.
Bar Association of San Francisco
Bayview Hunters Point Foundation
Black Coalition on AIDS
Catholic Charities
Chemical Awareness and Treatment Services
Community Dental Care, Inc.
Continuum HIV Day Services
Legal Services for Children
Lutheran Social Services
Lyon Martin Women's Health Services
Mission Neighborhood Health Center
New Leaf
Project Open Hand
Quan Yin Healing Arts Center
Saint Mary's Medical Center
San Francisco AIDS Foundation
San Francisco Community Clinic Consortium
San Francisco Food Bank
San Francisco Suicide Prevention
Shanti Project
The Support Center

CPMC/Visiting Nurses and Hospice
Family Service Agency of San Francisco
Family Support Services of the Bay Area
Glide Foundation
Golden Gate Community/Bridge for Kids
Haight-Ashbury Free Clinics, Inc.
Immune Enhancement Project
Instituto Familiar de la Raza
Iris Center
Larkin Street Youth Center
Tenderloin AIDS Resource Center
UCSF Center on Deafness
UCSF Dept. of Psychiatry/AIDS Health Project
UCSF Dept. of Psychiatry/Substance Abuse Srvcs
UCSF Pediatric AIDS Program
UCSF Women's Specialty Clinic
University of the Pacific School of Dentistry
Urban Indian Health Board
Walden House
Westside Community Mental Health Center

Commissioner Sanchez abstained on the five UCSF CARE funded contracts.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with the exception of #3.4, which will be continued to March 2, 1999. Commissioner Sanchez abstained on the UCSF CARE funded contracts in #3.5. Commissioner Umekubo abstained on the St. Mary's Medical Center CARE funded contract in #3.5.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

New Health Commissioner

On behalf of the entire Department of Public Health, I wish to extend a welcome to the newest member of our Health Commission, Dr. John I. Umekubo. For those of you who might not know Dr. Umekubo, he is a graduate of St. Louis University School of Medicine and is presently affiliated with St. Mary's Medical Center and California Pacific Medical Center. He is a member of the Teaching Faculty of St. Mary's Medical Center and also the Medical Director of San Francisco Community Convalescent Hospital. Welcome Dr. Umekubo, we look forward to working closely with you over the years.

President Clinton's Proposal for Health Care for the 21st Century

Yesterday the President sent Congress a $1.77 trillion spending plan for federal fiscal year 2000 (October 1, 1999 to September 30, 2000). As you may be aware, the federal budget has an unprecedented surplus – at $107 billion in 1999 and $131 billion in 2000 -- based on estimates from the Congressional Budget Office.

President Clinton's State of the Union address underscored his commitment to improving access to health care. The President's budget provides significant funding to maintain the viability of Social Security and improve Medicare. The President's budget also proposes to restore SSI, Medicaid and Food Stamps eligibility to certain legal immigrants at a cost if $1.3 billion over the next five years. Many legal immigrants lost eligibility to these programs with the signing of the 1996 welfare reform law.

The President's health initiatives are in the following areas:

Long-Term Care

- Addressing Growing Long-Term Care Needs – this $6.34 billion initiative would support the elderly and disabled with long-term care needs by creating a $1,000 tax credit to compensate families for the cost of long-term care services ($5.5 billion), by developing a National Family

Caregiver Program ($625 million), by educating Medicare beneficiaries about long-term care options ($10 million), by offering long-term care insurance to federal employees at group rates, helping more older Americans remain in their communities through new broad-based assisted living initiatives ($100 million), developing a nursing home quality initiative ($110 million) and allowing States to develop new community-based long-term care options.

Eliminating Barriers to Employment for Individuals with Disabilities

- Improving Economic Opportunities for Americans with Disabilities – this $2 billion initiative would remove significant barriers to work for people with disabilities, and includes: (1) the Work Incentives Improvement Act which will provide workers with disabilities the option to buy into Medicaid and Medicare, (2) tax credits for persons with disabilities, and (3) a significant increase in assistive technologies to make it possible for persons with disabilities to work.

Expanded Health Insurance Options

- Encouraging Small Businesses to Offer Health Insurance – this initiative promotes health care coverage through a new tax credit for small businesses who decide to offer coverage by joining coalitions and by making the contributions of private foundations which support these coalitions tax exempt.

- Improving Access to Health Insurance through Medicaid and CHIP – this proposal increases access to health insurance by restoring Medicaid and CHIP eligibility for legal immigrants affected by welfare reform, extending Medicaid eligibility to foster children up to age 21, improving transitional Medicaid an providing states with $1.2 billion over 5 years for children health outreach activities.

- Providing New Options for Americans Aged 55 to 65 to Obtain Health Insurance – this $1.4 billion proposal gives this vulnerable population three new ways to gain access to health insurance by: (1) allowing Americans aged 62 to 65 to buy into Medicare, (2) assisting vulnerable displaced workers 55 and over by offering those who have involuntary lost their jobs and health care coverage a similar Medicare buy-in option and (3) giving Americans 55 and over who have lost their retiree benefits access to their former employer's health insurance.

Commitment to Public Health

- Augmenting Biomedical Research – this $320 million initiative for the National Institute on Health will allow more research in preventing the complications of diabetes, combating diseases associated with aging and developing vaccines for tuberculosis, malaria and AIDS.

- Improving Health Care Access for Uninsured Workers – this initiative will invest $1 billion in local communities to integrate providers that traditionally treat the uninsured; providers would receive funds to develop the financial information and telecommunications systems, and expand services.

- Protecting Our Children From Tobacco – the President is calling for additional measures at the national level to reduce youth smoking by: (1) raising the price of cigarettes, (2) reaffirming the FDA's full authority to keep cigarettes out of hands of children, (3) funding critical public health efforts to prevent youth smoking and enact measures to hold the tobacco industry accountable for reducing youth smoking, and (4) protecting farmers and farming communities.

- Reducing Racial Disparities in Health Status – the budget includes $145 million for health education, prevention and treatment services to minority populations. The budget also proposes an additional $50 million to address HIV and AIDS issues in minority communities.

The President's budget also provides $1.5 billion for Ryan White HIV/AIDS Treatment grants, $50 million for a childhood asthma initiative in Medicaid, $359 million for mental health block grants, $40 million to support graduate medical education at children's hospitals, $750 million for Medicare cancer clinical trails, $25 million to control the spread of infectious disease, $230 million for bio-terrorism programs, $240 million for family planning service grants and a $170 million increase for the Indian Health Service.

Finally, the President is calling on the following:

- Protecting Patients Through a Strong, Enforceable Patients Bill of Rights – this health care bill of rights would contain a range of protections including guaranteed access to needed specialists, access to emergency room and services and access to a meaningful independent and external appeals process.

- Protecting Privacy of Medical Records – would create comprehensive privacy legislation to protect sensitive medical records.

California Healthy Families Program

California's Healthy Families Program has been in existence for seven months. A total of 62,918 children have been enrolled into the program statewide. In San Francisco, 3,471 children have been enrolled into the program (5.5 % of total). The City and County of San Francisco ranks third in the State for Healthy Families enrollment.

It was estimated that 2,100 to 4,200 children were eligible for the program in San Francisco. As the enrollment statistics indicate, San Francisco has enrolled more than the estimated minimum number of eligible children. While San Francisco's enrollment is encouraging, we are concerned that enrollment by African-Americans, Caucasians and Latinos is less than expected. These ethnic groups comprise 0.67 %, 1.2% and 4.7% of San Francisco's enrollment, respectively. Over 90% of San Francisco's enrollment has been within the Asian/Pacific Islander community. Statewide enrollment for African-Americans and Latinos has been less than estimated.

To address some of the outreach problems in certain communities, the State will:

- ❖ allocate $1 million to enable community-based organizations to develop and implement outreach strategies,

- ❖ continue seeking policy guidance from the Immigration and Naturalization Service on public charge in Healthy Families -- some legal immigrant and undocumented resident parents are concerned about public charge issues when enrolling their children into the program, and

- ❖ issue a revised Healthy Families and Medi-Cal application (which is currently being focus-tested) by April 1999.

Congresswoman Nancy Pelosi is co-sponsoring legislation clarifying federal law for the Vaccine for Children's program. This legislation will ensure that those children who would have received free immunizations because they were on Medicaid or are uninsured can continue to do so now that they are enrolled in their state CHIP program (such as California's Healthy Families Program).

1998 San Francisco Combined Charities Campaign
Citywide, the Combined Charities Campaign raised $688,689.52, a 22% increase over 1997's contributions.

Our Department raised a total of $88,432.00, a 30% increase from the previous year:

Central Administration -	$12,181
SFGH	$32,441
LHH	$35,814
PH&P	$ 7,996

I want to thank DPH employees for their generosity.

NAPH Health Policy Fellowship Program
Jimmy Loyce, DPH Director of Integrated Care, was selected to the NAPH's Health Policy Fellowship Program. This yearlong national program provides senior health administrators the opportunity to examine in-depth policy issues facing safety net hospitals. I am sure you join me in congratulating Jimmy on this prestigious appointment.

POPULATION HEALTH AND PREVENTION
Community Substance Abuse Received a Grant
The Community Substance Abuse Services Agency has received a grant for $25,000 from The Lindesmith Center to fund the upcoming conference, "Bridging the Gap: Integrating Traditional Substance Abuse and Harm Reduction Services". The conference will take place May 3-4 in San Francisco, and will feature keynotes by Dr. Alan Marlatt and Dr. Pat Denning, and workshops and panel discussions with local, national and international experts in the field.

COMMUNITY HEALTH NETWORK
Laguna Honda Hospital Replacement Planning Committee
The Laguna Honda Hospital Replacement Planning Committee has been formed. The Committee will be chaired by Louise Renne, Esq. and co-chaired by myself. The first meeting of the Planning Committee is next Tuesday, February 9, 1999 from 3:00 p.m. to 5:00 p.m. in the Latino/Hispanic Community Room of the San Francisco Public Library (100 Larkin Street). I have provided all members of the Health Commission with a copy of the Planning Committee's briefing binder.

The Planning Committee will be charged with making recommendations on the rebuilding of Laguna Honda Hospital (LHH). The Committee's recommendations will form the basis for a submission to the Board of Supervisors on the timeline and type of facility that is needed. The Planning Committee will make its recommendations to the San Francisco Health Commission. Three sub-committees will examine the following issues:

- *Finance Subcommittee -- The Finance Subcommittee will be charged with examining the costs and financing issues related to rebuilding the Hospital.*

- *Program Subcommittee -- The Program Subcommittee will be charged with making recommendations on the appropriate array of programs and services that should be contained within the rebuilt Hospital and on the campus of Laguna Honda.*

- *Technical Build Subcommittee -- The Technical Build Subcommittee will be charged with assessing the technical aspects of any rebuilding option.*

The subcommittees will make their recommendations to the Laguna Honda Hospital Replacement Planning Committee.

Because we recognize that there will be significant interest in the Laguna Honda Hospital planning process, the Department has established an informational site within our Internet for the public to access information. The Department will continue to make meeting notices and other materials available via paper copy. The web-site address is **www.dph.sf.ca.us/LHHReplace** and will be operational effective Friday, February 5, 1999. I would like to thank Mr. Barry Siler in the Management Information Systems Unit for developing this web-site for us.

Long-Term Care Pilot Project Task Force

At its last meeting, the Long-Term Care Pilot Project Task Force had a discussion on the Laguna Honda Hospital planning effort. I attended that meeting to provide the Task Force with an overview of the Laguna Honda Hospital planning process and to obtain any recommendations that the Task Force might have on the size of a rebuilt Hospital. The Task Force reiterated the need to ensure that there is an interface between the planning for Laguna Honda Hospital and the long-term care pilot project.

Some members emphasized the importance of rebuilding at least 1200 beds. Others emphasized the importance of increasing the proportion of resources going to non-institutional long-term care settings. After this discussion, the Task Force felt that is was inappropriate to take a position on the number of beds needed at Laguna Honda Hospital at this time. There was concern that focusing on the number of beds was not the right approach to take and that all potential development possibilities on the Laguna Honda Hospital campus needed exploration. Some members of the Task Force also felt that it was inappropriate to view the replacement of Laguna Honda Hospital as a trade-off between skilled nursing facility beds and community-based alternatives to institutionalization. It was felt that both types of long-term care were needed.

Task Force members appreciated the fact that a planning committee and process had been created to address the replacement of the Hospital. In summary, the Task Force raised the following points:

- It would like representation on the Laguna Honda Hospital Replacement Planning Committee, and

- Multiple uses should be examined for the Laguna Honda Hospital site to ensure the most appropriate use of resources.

CHN Leadership visits CSAS Providers

Anthony Wagner, Gene O'Connell and Melissa Welch, M.D. joined Barbara Garcia in touring several sites providing substance abuse services to DPH clients. The tour included the McMillan Drop-in Center, Mission Rock Shelter, Baker Places at 4th Avenue and 7th Street.

Participation of CHN sponsored Candidates in NAPH Programs

Drs. Melissa Welch, CHN Chief Medical Officer and Sylvia Villarreal, Chief of Staff of San Francisco General Hospital have been selected to participate in the National Association of Public Hospitals Physician Leadership Institute for Safety Net Providers. They will participate over the next year with other nationwide physician leaders. On behalf of the entire Department I wish to extend congratulations to Melissa and Sylvia on this well deserved appointment.

Influenza Identification at Laguna Honda Hospital
Laguna Honda Hospital had its first case of Influenza A isolated in an elderly female resident who had been immunized for Influenza A in the fall. Hospital staff has initiated Amantadine or Rimantadine Prophylaxis for residents in keeping with CDC recommendations in order to prevent an Influenza outbreak. This case has also been reported to all required health authorities.

5) ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 1999

Commissioner Chow nominated Commissioner Monfredini for President, seconded by Commissioner Hill.

Action Taken: The Commission voted to close nominations.

Action Taken: The Commissioners (Chow, Guy, Hill, Sanchez, Umekubo) voted for Commissioner Monfredini to be President. Commissioner Parker voted no.

Commissioner Hill nominated Commissioner Guy for Vice President, seconded by Commissioner Parker.

Action Taken: The Commission voted to close nominations.

Action Taken: The Commission unanimously voted for Commissioner Guy for Vice President.

President Monfredini announced the following Commission Committee assignments for 1999:

Budget Committee
Ron Hill, Chair
David J. Sanchez, Jr., Ph.D.
John I. Umekubo, M.D.

Joint Conference Committee for QA –
San Francisco General Hospital (SFGH)
Edward A. Chow, MD, Chair
Harrison Parker, Sr., DDS
Lee Ann Monfredini

Joint Conference Committee for QA –
Community Health Network (CHN)
Edward A. Chow, MD, Chair
David J. Sanchez, Jr., Ph.D.
John I. Umekubo, M.D.

Joint Conference Committee for QA –
Laguna Honda Hospital (LHH)
Lee Ann Monfredini, Co-Chair
Roma Guy, MSW, Co-Chair
Ron Hill

Joint Conference Committee for QA – Public Health and Prevention (PHP)
Roma Guy, MSW, Chair
Harrison Parker, Sr., DDS
Lee Ann Monfredini

External Committees

CARE Council
Lee Ann Monfredini

IHSS (In Home Supportive Services) Public Authority
Harrison Parker, Sr., DDS

SFGH Foundation
Lee Ann Monfredini

San Francisco Health Authority
Ron Hill

Executive Committee - Mayor's Criminal Justice Council
Lee Ann Monfredini

6) **PRESENTATION AND PUBLIC HEARING OF THE PROPOSED FY 1999-00 DEPARTMENT OF PUBLIC HEALTH BUDGET**

Monique Zmuda, Chief Finance Officer, presented the proposed Department of Public Health FY 1999-00 Budget Request, (Attachments A and B), which included the following areas:

Mayor's Budget Instructions

Mission Driven Budget
A. Strategic Budget Issues

Organization of the Department of Public Health
A. Population Health and Prevention
B. Administrative Reclassification

Revenues
A. Baseline Revenues
B. Grant Revenues
C. State Budget

Expenditures
A. Baseline Expenditures
B. Reallocation of Funding from Institutional to Community Care
C. Expenditure Reductions
D. Capital

Revenue Generating Programs

For a copy of the full report, contact the Commission Office at 554-2666.

Ms. Zmuda reported that the Department recognizes that large shortfalls in third party revenues are used to support expenditures and cannot be solely offset by increases from the General Fund. Therefore, several administrative and policy proposals to reduce the revenue gap are included in the FY 1999-00 budget submission. These initiatives include reducing vacant positions and making administrative cuts to expenditures. They also include reconfiguring selective services to reduce their costs, while maintaining access and quality. Finally, the Department proposes the reallocation of resources from institutional programs at San Francisco General Hospital to community-based care. This is proposed in order to make long term changes to the delivery system, and to enhance the financial stability of our hospitals. As the Commission is aware, Department staff strongly believe that the movement of patients from institutional care to community care is in the best interest of the patients that we are committed to serve.

If the Mayor is able to allocate sufficient funding to the Health Department to offset these large revenue reductions, then the Department's budget will be in balance for next fiscal year. If the total amount needed is not available, then the Department will continue to work with the Mayor and his staff over the coming weeks to balance the budget. If additional expenditure reductions are required that impact on service delivery or have implications for Commission policy commitment, the Department will return to the Commission with al alternative budget proposal.

If the Department's budget is balanced and additional funding is available for new programs, the Department requests authorization from the Commission to work with the Mayor to develop proposals which are consistent with the mission based initiatives presented in this budget proposal.

Commissioners' Comments:

- Commended Department staff for a comprehensive budget proposal
- Inquired whether there were any savings from the reorganization of the Department
- Concerned about the significant increase of unsponsored patients
- Be clear about the consequences of this baseline budget for a single standard of care for mental health
- Requested clarification of the pharmacy issues
- Have a realistic census at San Francisco General Hospital for the budget
- Given the economic problems, the Department needs to come up with priorities

Public Speakers:

Speakers advocated for children and youth health prevention services, infant care, dental services for children, culturally competent services for the Asian Pacific Islander communities, declaration for a state of emergency for housing, mental health services, jail treatment services, methadone slots, treatment on demand for youth, peer model of harm reduction, community-based proposals for housing, a Police Crisis Intervention Program, a housing trust fund, apprenticeship training programs for welfare workers, and full funding for treatment on demand.

Gilda Serrano, parent, Advocates for Youth
Margaret Brodkin, Coleman Advocates for Children

Jerea Paul, Infant-Parent Program
Laurel Kloomoll, Parent's Place
Taj James, Coleman Advocates
Mai Ho, Asian Perinatal Advocates
Howie Chow, M.D., UCSF

At 5:00 p.m., the Commission had a time-specific item.

At 5:50 p.m., the Commission resumed public testimony.

Public Speakers: (continued)

Marie Hoemke, Healthy Start
Joe Wilson, Coleman Advocates
Jennifer Friedenbach, Coalition on Homelessness
Maggie Cockrell, self
Ron Perez, SF Sheriff's Department
Lateefa Simon, Center for Young Women's Development
Hank Wilson, Act-Up Golden Gate
Lucy Arellano, Haight Ashbury Free Clinic
Lucille Flato, SHAC
Marykate Conner, Caduceus Outreach Services
Renzo Sereni, Liberation House
Robert Johnson, Liberation House
Jose Morales, SF Tenants' Union
Agnes Mercurio, SAGE Project
David Smith, M.D., founder of Haight Ashbury Free Clinics
Jesse Turner, Mission Agenda
Chris Daly, Mission Agenda
Darrell Cornelius, Mission Agenda
James Tracy, Mission Agenda
Jill Turner, Mission Agenda
Frog, Magic
Robert Haaland, SF Tenant's Union
Lucille Maurice, housing
Jane Kahan, Mental Health Association of S.F.
Ms. Weisner, workfare worker
John Mollens, welfare recipient
POWER representative

President Monfredini stated that this budget proposal will be calendared again on the February 16, 1999 agenda. The Commission will make a decision on the budget on February 16, 1999.

The Department presented a proposed resolution, (Attachment C), for the Commission's consideration. The resolution will be calendared for the February 16, 1999 meeting.

7) CONSIDERATION OF AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL GOVERNING BODY BYLAWS

Gene O'Connell, Executive Administrator of San Francisco General Hospital, proposed amendments addressing the following:

- The role of the Community Health Network Executive Administrator as it relates to SFGH activities

- Deletion of term limits for Commissioners and the change in the method for appointment of the Director of Health, pursuant to the new City Charter

- Authority for the Joint Conference Committee to review and approve additions, modifications, and deletions to the Hospital Policy and Procedure Manual, and

- Minor updates to better reflect current practices

Commissioners Chow, Monfredini and Parker, who discussed these amendments at the Joint Conference Committee at San Francisco General Hospital, recommended approval.

Action Taken: The Commission approved the proposed amendments.

Ms. O'Connell reported that the JCAHO visit is scheduled for May 17-21, 1999.

8) **5:00 TIME SPECIFIC: PROPOSITION Q HEARING ON CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) CONSOLIDATIONS (SEE ATTACHED)**

CPMC representatives, Sara Kelley, Richard Liszewski, Bobby Kimball, Linda Monte, and Vernon Giang presented the following:

California Pacific Medical Center has been working diligently during the past six months, since we integrated the Davies Campus, to design and reorganize a merged medical center that provides the most efficient access to our joint high quality services and facilities. All proposed changes are based on patient demand and our mission to provide our community with the best possible care. As described in previous communications, the planned changes will ultimately result in a net increase of operational beds.

The proposed changes are motivated by the following factors:

1. Our need to increase beds on our rapidly growing Obstetrics and Delivery Service, now providing care to approximately 5000 families - and newborns each year. Additionally, as you know, January 1, 1998, federal legislation, the Mothers and Newborn Act, mandated a 48 to 96 post-partum stay (according to delivery type), which immediately doubled our post-partum length of stay. In order to provide the needed space, we will reorganize units on the California West and East Campuses, and Davies Campus. This will affect both SFN and acute rehabilitation beds.

2. Our interest is in increasing access to our renowned state-of-the-art acute rehabilitation unit on the Davies Campus. Consolidating all acute rehabilitation beds to our Davies Campus will enable us to provide high quality care in a specialized center that includes a pool for hydrotherapy, in-house supportive rehabilitative services and ample parking for patients, families and visitors.

3. An inconsistent and decreasing annual census in our SNF units require consolidation that allows for maximum flexibility and adaptability to ensure high quality and efficient care. Our changes would move some SNF beds to the Davies Campus, while still maintaining beds on the California East Campus.

The Commission was given a chart indicating the changes, locations, and number of beds regarding the consolidations. Because of the lack of clarity and confusion from the answers to questions related to skilled nursing beds, acute beds, and total operational beds, the Commission requested more information on the full picture of these consolidations.

Public Speakers:

Raised concerns related to staffing, decrease in quality of patient care, loss of jobs, and non-compliance to Proposition Q requirements.

John Borsos, Local 250
Eric M. Hall, California Nurses Association
Allan Apelo, RN, CPMC
Catherine Lee, LVN, CPMC

President Monfredini stated this item will be on the February 16, 1999 agenda. The Commission will make a determination on whether the consolidation, of which some have already been implemented, will or will not have a detrimental impact on the health service of the community.

11) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 7:05 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

I. EXECUTIVE SUMMARY

The Department of Public Health presents its FY 99-00 budget submission for consideration and approval by the Health Commission. The proposed budget incorporates the Commission's priorities and supports the mission of the Department. It also supports the strategic direction for the Community Health Network, consistent with the strategic plan that was recently approved by the Commission.

This budget proposal reflects three policy initiatives. The first is to offset large revenue shortfalls at the Community Health Network with expenditure reductions wherever possible, and to request new General Funds in order to maintain critical health services. The second is to reduce reliance on institutional care and to increase the availability and access to community-based alternatives. This is a long-term strategy to better meet the needs of the patients and clients of our health care delivery system. The third is to use new Federal and State revenue to enhance health and mental health services with new programs if approved by the Mayor. The Department requests the Commission's approval and support for these three initiatives.

FY 99-00 Budget Request

The total proposed budget for FY 99-00 for the Department of Public Health, including grants is $799.8 million. This is a $13.3 million decrease over the current year budget of $813.1 million. Baseline revenues are projected to decrease $25.7 million from $557.3 million in FY 98-99 to $531.6 million in FY 99-00. Grant revenues are projected to decrease $0.4 million from $70.0 million in FY 98-99 to $69.6 million in FY 99-00. Revenues and expenditures are as follows:

FY 99-00 Revenues & Expenditures

Division	REVENUES			EXPENDITURES		
	FY 98-99 Budget	FY 99-00 Budget	Increase / (Decrease)	FY 98-99 Budget	FY 99-00 Budget	Increase / (Decrease)
Baseline	$ 557,304,838	$ 531,555,299	$ (25,749,539)	$ 743,103,275	$ 730,246,918	$ (12,856,357)
General Fund	185,798,437	198,691,619	12,893,182	-	-	-
Subtotal	743,103,275	730,246,918	(12,856,357)	743,103,275	730,246,918	(12,856,357)
Grants	70,007,691	69,594,550	(413,141)	70,007,691	69,594,550	(413,141)
Total	$ 813,110,966	$ 799,841,468	$ (13,269,498)	$ 813,110,966	$ 799,841,468	$ (13,269,498)

Based on this budget request, the General Fund allocation from the City and County to the Department of Health for FY 99-00 is projected to increase $12.9 million from $185.8 million in FY 98-99 to $198.7 million. This amount reflects a 7% increase to the current General Fund allocation. Please note however, that this amount does not include the additional General Fund needed to fund salary increases to civil service staff. Nor does it include the cost to annualize programs partially funded in the current fiscal year. The estimated value of these increases is $10 million. The Controller will make both of these adjustments.

Also included in the FY 99-00 budget is a request for $4.6 million in capital projects. This is a $1.8 million decrease from the FY 98-99 budget of $6.4 million. The Department of Public Health's budget request for capital projects will be reviewed and approved by the City Capital Improvement Advisory Committee (CIAC) in the Spring. Capital projects approved by the CIAC will be included in the budget for the Department of Public Health for FY 99-00.

The FY 99-00 budget request, after approval by the Health Commission, will be submitted to the Mayor on February 19,1999. The Mayor has instructed departments to submit only a baseline budget that will maintain the level of services funded in the FY 98-99 budget. The Mayor's budget staff will review, analyze and approve baseline funding requests Citywide. If funds become available beyond that which is needed to fund the baseline budgets, the Mayor and his staff will allocate General Fund to support some above base and new initiatives. The Mayor's budget staff will prioritize new program requests and notify Department staff of approved funding during April and May. On June 1, 1999, the Mayor will submit his final budget request to the Board of Supervisors. In June, the Board of Supervisors will hold public hearings to review and amend the Mayor's budget request. The final City budget will be approved by the Board of Supervisors in early July. Department staff will continue to keep the Commission informed on changes made to the budget as the process proceeds throughout the Spring and Summer.

Attached is a resolution for consideration by the Health Commission to approve the Department's proposed budget submission for FY 99-00.

Summary of 99-00 Budget Proposal

- Revenue shortfall of $26 million
- Budget will close the gap by requesting $12.85 million additional General Fund from the City and reduction of $13 million in expenditures.
- $10 million additional GF needed for salary increases and annualization of current programs
- Summary of Expenditure Reductions:
  - Capital Projects reduced by $1.8 million
  - Equipment reduced by $1.5 million
  - 54 vacant positions eliminated costing $3.3 million: $1.65M to reduce expenses, and the remainder to reduce salary savings.
  - Reconfiguration of services $2.65 million
  - Accounting changes of $4 million
  - Administrative Reductions of .6 million
- Reconfigurations include consolidation of labs, reductions to outpatient staffing and management, reduction to UR, reductions to outpatient pharmacy at SFGH, reductions to inpatient psych, replacement of 6 hospital-based detox beds with community program, and consolidation of accounting and billing within the CHN.
- SFGH budgeted census will stay the same at 304 except for the reduction of 6 detox beds. SFGH is over census now, and will need to reduce to the budgeted levels.
- Reallocation of resources to fund initiatives to reduce reliance on institutional care. Four initiatives include 1) bed committee to discharge patients to community (2 FTE from SFGH), 2) new contracted beds for brain damaged patients (funding from CHN contract services), 3) Care Management (five positions funded through Mental Health), and 4) new detox program in the community (funded through reallocation from AIDS Office, and Substance Abuse.)
- Administrative reclass proposal is included in the budget, which will reduce the pay of a few positions, and increase pay for one manager.
- Five new revenue funded initiatives requested including 1) Maternal and Child Health expansion of $1.0 M; 2) Children's Mental Health $1.1 M; 3) Adult MH Pharmaceutical increase $.6 million; 4) Adult MH Health Workers' coverage $.250M 5) Adult Immunization Clinic $.457 M.
- If new GF is approved and expenditure reductions are made, budget will be balanced. If additional funding is made available, the Department's priorities for increased funding would be to 1) replace lost grants 2)Workers' Comp 3)Substance Abuse Treatment expansion; 4) Mental Health treatment expansion; 5) Contractor and operating COLA's.

PROPOSED

Resolution of the Health Commission Approving the Department of Health's Submission of a Baseline Budget for FY 99-00.

Whereas, the Department of Health has submitted a budget for FY 99-00 to the Health Commission to continue the current level of health care and population health services; and

Whereas, the Department has experienced large revenue deficits in the current fiscal year and revenue deficits of $26 million are projected to continue in the next fiscal year; and

Whereas, the magnitude of the revenue deficit is so large that it cannot be solely offset by General Fund support from the City and County; and

Whereas, the Department has proposed administrative expenditure reductions and reconfigurations of supportive and ancillary services to reduce costs which will partially offset projected revenue deficits for FY 99-00; and

Whereas the Department proposes to consolidate laboratory service, to reduce outpatient pharmacy registry expenditures, and to consolidate billing and accounting functions at Laguna Honda Hospital and San Francisco General Hospital; and

Whereas, despite the proposed reductions the Department of Public Health will maintain access to services and high quality of care; and

Whereas, it is in the best interests of the patients served by the Department of Public Health to provide care in the most appropriate and least restrictive environment possible; and

Whereas, the Department has proposed the reallocation of resources for FY 99-00 to reduce reliance on institutional care and increase access and availability to community based care, consistent with the Health Commission' policy directive as approved in Resolution No. 35-98; so be it

RESOLVED: That the Health Commission supports the proposed budget for FY 99-00 which includes decreasing expenditures to offset projected revenue deficits while maintaining high quality services and requesting additional General Fund support from the City and County; and therefore be

FURTHER RESOLVED: That the Health Commission supports the proposed budget initiatives for FY 99-00 that include the reallocation of resources to alternatives other than institutional care and the reconfiguration of services including the outpatient pharmacy, the laboratory and administrative and financial services; and therefore be

FURTHER RESOLVED: That the Health Commission authorizes the Director of Health and his staff to work with the Mayor and his staff to balance the budget with a combination of increases in the General Fund allocation and expenditure reductions; and be it

FURTHER RESOLVED: That the Health Commission requests that the Department re-submit its budget to the Commission if additional expenditure reductions which impact service delivery are required to balance the budget; and be it

FURTHER RESOLVED: That the Health Commission authorizes the Director of Health to work with the Mayor and his staff to increase the FY99-00 budget should additional City and County General Funds be available for above baseline budget requests consistent with the needs identified in the FY 99-00 budget submission.

NOTICE

SPECIAL PUBLIC HEARING
HEALTH COMMISSION MEETING

Tuesday, February 2, 1999
Time Specific: 5:00 p.m.
101 Grove Street, Room #300
(Auditorium)
San Francisco, CA 94102

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Public hearing, in accordance with the Health Care Planning Ordinance (Proposition Q – 1988), to consider the impact of the following changes on health care services of the community at California Pacific Medical Center.

California Pacific Medical Center is planning a clinical consolidation. The changes are necessitated by an increase in our census and our mission to continually adapt and improve the quality and efficiency of our patient care. The following summarizes the planned changes:

Unit	Planned Changes	Site
Labor and Delivery	Expansion	California Campus
Skilled Nursing	Relocate select units and expand *(Skilled nursing beds will remain on both California and Davies Campuses)*	California and Davies Campuses
Acute Rehabilitation	Consolidate	California to Davies

These anticipated changes will ultimately result in a net increase of operational beds.

Persons unable to attend this public hearing may submit written comments to: Lee Ann Monfredini, President, Health Commission, 101 Grove Street, Room #311, San Francisco, CA 94102

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

8/99
Special Closed

SPECIAL CLOSED EXECUTIVE SESSION OF THE HEALTH COMMISSION

Monday, February 8, 1999
9:00 – 10:00 a.m.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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1) ROLL CALL

2) **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

3) **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

4) **CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:**

___X___ AS DEFENDANT _____ AS PLAINTIFF

CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9(b)(3)(B), REGARDING THE DENIAL OF A CONTRACT WITH CATHOLIC YOUTH ORGANIZATION (CYO), AND CONSIDERATION OF A PROPOSED CONTRACT WITH CATHOLIC CHARITIES WITH RESPECT TO COMPLIANCE WITH HEALTH COMMISSION POLICY #24

5) **RECONVENE IN OPEN SESSION:**

A. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

B. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Disability Access

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Know Your Rights Under The Sunshine Ordinance

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Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

8/99 Special Closed

Revised

REVISED

SPECIAL CLOSED EXECUTIVE SESSION AND SPECIAL MEETING OF THE HEALTH COMMISSION

Monday, February 8, 1999
9:00 – 10:00 a.m.
at
101 Grove Street, Room 300
San Francisco, CA 94102

DOCUMENTS DEPT.

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1) ROLL CALL

2) PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

3) VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

4) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:

___X___ AS DEFENDANT _____ AS PLAINTIFF

CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9(b)(3)(B), REGARDING THE DENIAL OF A CONTRACT WITH CATHOLIC YOUTH ORGANIZATION (CYO), AND CONSIDERATION OF A PROPOSED CONTRACT WITH CATHOLIC CHARITIES WITH RESPECT TO COMPLIANCE WITH HEALTH COMMISSION POLICY #24

Cont'd. next page

5) RECONVENE IN OPEN SESSION:

A. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

B. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

6) CONSIDERATION OF POTENTIAL AMENDMENTS TO HEALTH COMMISSION POLICY #24

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES OF THE SPECIAL CLOSED EXECUTIVE SESSION AND SPECIAL MEETING OF THE HEALTH COMMISSION

Tuesday, February 8, 1999
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 9:05 a.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

Public Speaker: Jessica Ravitz, Antidefamation League, questioned and challenged Policy #24.

3) VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission unanimously voted to hold a closed session.

The Commission went into closed session at 9:09 a.m.

4) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:

___X___ AS DEFENDANT _____ AS PLAINTIFF

CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9(b)(3)(B), REGARDING THE DENIAL OF A CONTRACT WITH CATHOLIC YOUTH ORGANIZATION (CYO), AND CONSIDERATION OF A PROPOSED CONTRACT WITH CATHOLIC CHARITIES WITH RESPECT TO COMPLIANCE WITH HEALTH COMMISSION POLICY #24

The Commission came out of closed session at 10:23 a.m.

5) RECONVENE IN OPEN SESSION:

A. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

None.

B. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action Taken: The Commission unanimously voted not to disclose any of the discussions held in closed session.

6) CONSIDERATION OF POTENTIAL AMENDMENTS TO POLICY #24, PROPOSED DRAFT TO HEALTH COMMISSION

This item was not discussed.

The meeting was adjourned at 10:25 a.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

February 16, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 2, 1999, AND THE SPECIAL MEETING OF FEBRUARY 8, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH-Administration** – Request for approval of a resolution to accept, sell and expend a gift of stock with an estimated value of $49,200 bequeathed to Laguna Honda Hospital by the Barbara Wylie Trust and a gift of $78,871 bequeathed to Laguna Honda Hospital from the estate of Ermeth Dirovizza.

(3.2) **CHN-SFGH** – Request for retroactive approval to accept and expend a new two-year grant from the State Department of the Youth Authority in the amount of $71,000 to provide a laser tattoo removal machine and maintenance costs for the period of January 1, 1999 to December 31, 2001.

(3.3) **CHN-SFGH HIS** – Request for approval of retroactive contract with Deliverex, Inc. to provide medical record storage, retrieval and delivery services for San Francisco General Hospital's Health Information Services in an amount not to exceed $375,000 for the period of January 1, 1999 through June 30, 2000. (DPH contracted with Deliverex for services totaling $354,000 during FY 1997-98).

(3.4) **CHN-Pharmacy** – Request for approval of second modification to the contract with Asereth Medical Services, Inc. (AMS), in the amount of $840,000, for a total contract amount of $2,600,000, for the provision of temporary pharmacy personnel services for the period of February 1, 1998 through June 30, 1999. (DPH contracted with AMS for services totaling $1,760,000 during FY 1997-98).

(3.5) **PHP – Substance Abuse Services** – Request for approval of retroactive sole source and renewal contract with the San Francisco Drug Abuse Advisory Board (SFDAAB) in the amount of $51,787 for the provision of substance abuse advisory services for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SFDAAB for services totaling $51,787 during FY 1997-98).

(3.6) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Haight Ashbury Free Clinic, Inc. (HAFC), in the amount of $81,689, for the provision of HIV counseling, testing, risk reduction and partner notification services, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with HAFC for services totaling $15,119,656 during FY 1997-98).

(3.7) **PHP-HIV Prevention Services** – Request for retroactive renewal contract with Haight Ashbury Free Clinic, Inc. (HAFC), in the amount of $169,509, for the provision of HIV prevention, case management and venue based individual outreach for the period of January 1, 1999 through June 30, 1999. (DPH contracted with HAFC for services totaling $15,119,656 during FY 1997-98).

(3.8) **PHP-HIV Prevention Services** – Request for retroactive renewal contract with Mission Neighborhood Health Center (MNHC), in the amount of $134,257 for the provision of HIV prevention program services targeting behavioral risk populations and evaluation of HIV prevention services, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with MNHC for services totaling $868,910 during FY 1997-98).

(3.9) **PHP-HIV Prevention Services** – Request for retroactive renewal contract with CAL-PEP in the amount of $268,533, for the provision of HIV prevention program services targeting behavioral risk populations and venue-based individual outreach services, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with CAL-PEP for services totaling $243,138 during FY 1997-98).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR FEBRUARY 1999**

6) **PRESENTATION OF THE CHILDREN'S SERVICE PLAN FOR 1999-00 FROM THE MAYOR'S OFFICE OF CHILDREN, YOUTH AND THEIR FAMILIES**

7) **CONSIDERATION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S SUBMISSION OF A BASELINE BUDGET FOR FY 1999-00**

8) 5:00 P.M. TIME SPECIFIC:

CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CALIFORNIA PACIFIC MEDICAL CENTER CONSOLIDATIONS WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH SERVICE OF THE COMMUNITY

9) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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ADDENDUM
TO
HEALTH COMMISSION AGENDA

Tuesday, February 16, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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7A) **CONSIDERATION OF A PROPOSED RESOLUTION REGARDING POLICIES PERTAINING TO PHARMACY SERVICES**

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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Sandy Ouye Mori
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, February 16, 1999
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF REGULAR MEETING OF FEBRUARY 2 AND THE SPECIAL MEETING OF FEBRUARY 8, 1999

Action Taken: The Commission unanimously adopted the minutes of the February 2 and February 8, 1999 meetings.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **DPH-Administration** – Request for approval of a resolution to accept, sell and expend a gift of stock with an estimated value of $49,200 bequeathed to Laguna Honda Hospital by the Barbara Wylie Trust and a gift of $78,871 bequeathed to Laguna Honda Hospital from the estate of Ermeth Dirovizza.

(3.2) **CHN-SFGH** – Request for retroactive approval to accept and expend a new two-year grant from the State Department of the Youth Authority in the amount of $71,000 to provide a laser tattoo removal machine and maintenance costs for the period of January 1, 1999 to December 31, 2001.

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This item was deferred to after discussion on item #7 on the agenda. Subsequently, this item was approved.

(3.5) HP – Substance Abuse Services – Request for approval of retroactive sole source and renewal contract with the San Francisco Drug Abuse Advisory Board (SFDAAB) in the amount of $51,787 for the provision of substance abuse advisory services for the period of July 1, 1998 through June 30, 1999. (DPH contracted with SFDAAB for services totaling $51,787 during FY 1997-98).

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(3.7) **PHP-HIV Prevention Services** – Request for retroactive renewal contract with Haight Ashbury Free Clinic, Inc. (HAFC), in the amount of $169,509, for the provision of HIV prevention, case management and venue based individual outreach for the period of January 1, 1999 through June 30, 1999. (DPH contracted with HAFC for services totaling $15,119,656 during FY 1997-98).

The Department has placed this contractor on probation for this specific contract. The contractor submitted a written response to the monitoring report.

Commissioner Hill reminded the Department that documents for Commissioners should be included in the Commission packets or could be faxed to Commissioners in sufficient time for their review. Otherwise, the agenda item will be continued to the next meeting.

Commissioner Hill recommended approval with the request the contractor come back in 90 days (May 18, 1999) with a follow-up report to the monitoring report.

(3.8) **PHP-HIV Prevention Services** – Request for retroactive renewal contract with Mission Neighborhood Health Center (MNHC), in the amount of $134,257 for the provision of HIV prevention program services targeting behavioral risk populations and evaluation of HIV prevention services, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with MNHC for services totaling $868,910 during FY 1997-98).

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Federal Legislation

Congresswoman Nancy Pelosi (D-CA) is co-sponsoring two bills which will directly impact the health and well being of San Francisco. For several years, San Francisco has attempted to meet the health and psychosocial needs of persons with HIV or AIDS. Congresswoman Pelosi will be introducing the Early Treatment for HIV Act. This bill would expand Medicaid coverage for asymptomatic, HIV-positive, low-income individuals, making it possible for these persons to receive drug treatment and primary care before they develop symptoms of AIDS. This Act would extend medical care to persons with HIV and reduce the number of uninsured persons with HIV through expanded Medicaid eligibility.

In addition, the Congresswoman has introduced a bill to address California's inability to access the Vaccine for Children program under Healthy Families. The bill would amend Title XIX of the Social Security Act to clarify that those children who would have received free immunizations because they were on Medicaid or uninsured, can continue to do so now that they are enrolled in their state CHIP program. California is one of 23 States, which need this legislative amendment. This amendment is needed to ensure that children participating in Healthy Families are immunized on time and that there are no disincentives for providers to provide vaccinations.

We would like to acknowledge Congresswoman Pelosi for her advocacy on behalf of health issues in San Francisco.

California Healthy Families Program

California's Healthy Families Program has been in existence for seven months. A total of 64,971 children have been enrolled into the program statewide. Current Statewide estimates are that 328,000 are eligible for the program – therefore, in the first seven months of the program, almost 20% of the eligible children have been enrolled. In San Francisco, 3,507 children have been enrolled into the program. The City and County of San Francisco ranks fourth in the State for Healthy Families enrollment.

City Hall Open House

The Mayor and the Neighborhood Alliance co-sponsored an all day Open House at City Hall February 6th. Each City department had a table with brochures describing services and staff on hand to answer questions for constituents. Although the rain kept the numbers in attendance low, the turnout was enthusiastic and positive. The Health Department had a huge volunteer turnout. In addition to brochures, DPH gave away key chains, balloons, magnets, condoms and 7 car seats to deserving members of the public. Many thanks to those who helped plan the successful event.

POPULATION HEALTH AND PREVENTION

TB Advisory Council

Last November, Department of Public Health TB Controller, L. Masae Kawamura, M.D., was appointed to the Advisory Council for the Elimination of Tuberculosis by Donna E. Shalala, the U.S. Secretary of Health and Human Services. The Council meets quarterly in Atlanta, Georgia and makes recommendations to the Secretary of Health and Human Services and the Director of the Centers for Disease Control and Prevention (CDC). The Council considers policies, strategies, objectives and priorities addressing the development and application of new technologies. In addition, the Advisory Council reviews the progress that has been made toward eliminating tuberculosis. The Council consists of ten members, including the Chair, that are selected by the Secretary from among the nation's most

knowledgeable and respected authorities. I am sure you join me in extending congratulations to Dr. Kawamura for this prestigious appointment.

COMMUNITY HEALTH NETWORK

Creativity in Psychiatric Education Award

The San Francisco General Hospital Department of Psychiatry received the American College of Psychiatrists Award for Creativity in Psychiatric Education in the United States. The award recognizes SFGH's Ethnic/Minority Inpatient Programs that take into account the impact of culture and ethnicity on the way mentally ill patients' deal with distress. Congratulations to all those involved with the design and staffing of this excellent program.

SFGH MEDICAL STAFF CREDENTIALS

SFGH Appointments	Feb. 1999	YTD
New Appointments	20	37
Reappointments	40	72
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	9	19
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	2	3
Voluntary Relinquishment	0	0

Current Statistics – as of 2/2/99

Active Staff	358
Affiliate Professionals	129
Courtesy Staff	607
Referring Staff	30
Total Members	1124
Applications in Process	60
Reappointment In Process	74
Reappointment Requested not Received (Due through 4/99)	47

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR FEBRUARY 1999**

On behalf of the Commission, President Monfredini presented the February Department of Public Health Employee Awards to the following employees:

Biasbas, Esperanza	PH & P/Fiscal
Rivard, Thomas	PH & P/Comm. Health and Safety Services, Bureau of Environmental Health
Rosello, Benedicta	PH & P/Comm Health and Safety Services/STD

Team #1 - PH & P/Community Health and Safety Services, Bureau of Environmental Health

Ambrose, Jim
Awwad, Mamdouh
Cone, Sue
Cushing, Stephanie
Fosdahl, Patrick
Golden, Gayle
Halbach, Ed
Jin, Pam
Junior, Delores
Lee, Albert
Leong, Liz
Lum, Les
McCaulou, Cherie
Morris, Caitlin
Padilla, Sylvia
St. Jean, Virginia
Stewart, Paula
Tang, Jin
Tong, Edmond
Cynthia Woo
Young, Janine

Team #2 - PH & P and Community Health Network

Batres, Ilma
Carrillo, Ernestina
Castiglione, Phil
Frattaroli, Lynda
Gillen, Janet
Gonzales, Gloria
Hagan, Tom
Hartfield, Marcus
Hines, Alexander
Kaplan, Gay
LaRock, Bill
Mitchell, Penney
O'Brien, Kathy
Patchell, Tony
Peck, Julie
Pena, Marian
Sampera, Ana
Shafae, Bette
Trabing, Mily
White, Ricka

6) PRESENTATION OF THE CHILDREN'S SERVICE PLAN FOR 1999-00 FROM THE MAYOR'S OFFICE OF CHILDREN, YOUTH AND THEIR FAMILIES

This item was continued to the March 2, 1999 agenda.

7) CONSIDERATION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S SUBMISSION OF A BASELINE BUDGET FOR FY 1999-00

Dr. Mitch Katz presented supplemental information on proposals to reduce pharmacy expenditures (Attachment A) at San Francisco General Hospital and more information on patient census (Attachment B).

President Monfredini reiterated that the Health Commission will take responsibility as a governing body to make policies affecting the public health of the City.

Commissioner Hill expressed his concern from a realistic and practical point of view that public health funds are limited. He has researched at the Federal, State and local levels to find there is no money to bail out San Francisco. He sees the Health Commission as a policy-making body with the Department staff implementing these policies. He believes that SFGH cannot be maintained with the present open-door policy. The present situation at SFGH is making it an unsafe place for patients and employees. As a member of the governing body, he is committed to stand behind the Department staff. It is his opinion that all outpatient pharmacy should immediately be stopped.

Public Speakers:

Opposed recommendations for pharmacy cuts:
Sang-Ick Chang, M.D., CHN Pharmacy Council
Daz Lamparas, Local 790
Brett Nair, Local 250

Opposed 4P Closure:
Paul Lee, Detox Discharge Planner

Supported Welfare Workers:
Cindy Wiesmer, POWER
Larry Lattimore

Supported more funds for DPH budget:
Ed Kinchley, SFGH
Doris Mitchell, Local 250
Dale Butler, Local 790
Tim Otto, RN, SFGH
Kent Woo, NICOS
Jennifer Freidenbach, increase in med detox beds
Joe Wilson, Coleman Advocates

Letters submitted to the Commission regarding the budget:
Neil Gendel, Healthy Children Organizing Project
Beverly Rashidd, African American Health Initiatives Planning Committee

Commissioner Chow asked for clarification from the Deputy City Attorney regarding the San Francisco Welfare and Institution Code Section 17000 obligation to provide medical services to indigent residents of the County. Presently, the Department has an open-door policy to meet the present demands. Jean Fraser, Deputy City Attorney, stated that Section 17000 only applies to non-sponsored patients. The County is not obligated to give services to Medi-Cal patients. Commissioner Chow also expressed concern for the proposed pharmacy co-pay policy.

The Commission continued this item after the 5:00 p.m. time specific agenda item.

7A) **CONSIDERATION OF A PROPOSED RESOLUTION REGARDING POLICIES PERTAINING TO PHARMACY SERVICES**

Action Taken: The Commission adopted Resolution #5-99, "Approving Changes in Outpatient Pharmacy Services at San Francisco General Hospital," (Attachment C), which was amended by Commissioner Chow.

Commissioners Hill and Parker voted no.

8) **5:00 P.M. TIME SPECIFIC:**

CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CALIFORNIA PACIFIC MEDICAL CENTER CONSOLIDATIONS WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH SERVICE OF THE COMMUNITY

Dr. Martin Brotman, Chief Executive Officer of California Pacific Medical Center (CPMC), reviewed the proposed consolidation and presented more information requested by the Commission regarding licensed and actual beds.

Commissioner Parker asked Dr. Katz whether the proposed changes would have a negative impact on the Department. Dr. Katz replied due to the major shortage of skilled nursing beds in the City, the proposed decrease in skilled nursing beds at CPMC would have a negative impact on the Department.

Commissioner Hill reminded CPMC of its obligation to provide charity care. Dr. Brotman indicated CPMC can commit to provide charity care.

Commissioner Chow noted that there is a decrease in the total number of skilled nursing beds.

Commissioner Guy stated that she is not convinced that the shortage of nurses is the reason for the lack of ability to maintain the skilled nursing beds. She also requested information on CPMC's charity care and the community benefits programs. Additionally, she would like CPMC to collaborate more with the Department.

Commissioner Sanchez stated that he sees redefined leadership addressing these issues.

Public Speakers: Advocated that proposed consolidations are detrimental

John Borsos, Local 250
Denis Tryon, CPMC
Eric Hall, California Nurses Association
Pat Hendricks, Local 250
Dale Butler, Local 790

President Monfredini requested factual information about charity care provided by CPMC. She also encouraged dialogue between CPMC and the Department about diversion.

Commissioner Chow, Hill and Guy expressed that the decrease in skilled nursing beds is detrimental.

President Monfredini stated she does not see CPMC's consolidations to be detrimental.

Action Taken: The Commission (Chow, Guy, Hill, Parker, Sanchez, Umekubo) adopted Resolution #6-99, "Determining Whether the Clinical Consolidations at the Davies and California Campuses of California Pacific Medical Center, Will or Will Not Have a Detrimental Impact on Health Care Service of the Community", (Attachment D). President Monfredini voted no.

President Monfredini encouraged a meeting with CPMC and the Department regarding the skilled nursing beds.

The Commission took a 5-minute recess at 6:23 p.m. and resumed the meeting at 6:28 p.m. The Commission continued its discussion of item #7.

Commissioner Parker feels that the Department is the safety net for the residents of San Francisco. There are unlimited needs and limited funds; so he posed the question of how large the safety net should be. With more services and more needed funds, more taxes would be an option. He believes there should be short term and long range plans in place.

Commissioner Guy encouraged the dialogue to continue and more data to be forthcoming. There is a need to build a consensus on institutional care and public health in a modern environment. She believes the outpatient pharmacy should close, with a focus on the needs of the MIA's. She also encouraged a continuous monitoring report on the closing of 4P. She supported a census level of 310 beds, with the staff being able to say no at certain levels at SFGH.

Commissioner Sanchez thanked the public for the testimony. He expressed support for the Department's recommendations. Additionally, he stated that the safety net should be non-negotiable.

Commissioner Umekubo expressed concern for the clinical impact on patient care. There should be on-going monitoring of the results from these decisions. He supported the Department's recommendations and suggested to see what the private sector can do to decrease the impact on SFGH.

Commissioner Hill again expressed the Department cannot continue spending money it does not have. There has to be a clear policy direction about SFGH.

Commissioner Guy would like to have an honest and frank dialogue in order to turn this situation around.

Action Taken: The Commission adopted Resolution #4-99, "Approving the Department of Public Health's Submission of a Baseline Budget for Fiscal Year 1999-00," (Attachment E), with an amendment being added.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 7:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (5)

Outpatient Pharmacy – SFGH

The FY 99-00 budget assumes reductions in pharmacy expenditures of $1.2 million. In order to achieve expenditure savings, several changes in outpatient pharmacy services at San Francisco General Hospital are proposed. These proposals include the following five components:

1) Referring Medi-Cal and sponsored patients to community pharmacies.

2) Limiting drugs dispensed to sponsored patients or Medically Indigent Adults (MIA) to those drugs currently covered by Medi-Cal. This would include the introduction of an appeal procedure for dispensing non-formulary drugs in accordance with guidelines develop by the Pharmacy Council.

3) Reducing the number of over-the-counter medications and other items that are dispensed at no charge to patients using the pharmacy and outpatient clinics. This proposal also includes the development of guidelines related to the dispensing of nutritional supplements and other over-the-counter items and medications.

4) Introducing a $2.00 co-pay per prescription and per over-the-counter drug for self-pay patients. This policy will be waived for any patients who cannot afford the $2.00 co-payment. These patients will continue to receive medications at no charge.

5) Closing the outpatient satellite pharmacy in Ward 80/90 in order to consolidate and reduce staffing requirements. The current year budget has insufficient staff to continue outpatient pharmacy services in two locations. This action will be a cost avoidance issue.

The following table addresses each of the proposed changes and the financial and clinical implications associated with these proposals. Also attached are two charts that list examples of drugs that may be accessed by high-risk patients in certain circumstances. Also listed are the clinical indications that necessitate exceptions to the new policy and will require the continued dispensing of over-the-counter medications to patients with these conditions. This data is provided to the Health Commission to allow for a more thorough review of the Department's budget proposal.

Patient Census

In FY 96-97, patient census at San Francisco General Hospital was 282. During that year, SFGH opened a 19 bed SNF ward that increased the census to 301. In FY 97-98, the hospital's census was further increased by 9 from 301 to 310. This increase brought the budgeted census of med/surg wards from 184 to 193.

The budget for the current fiscal year assumes an average daily census of 310 at San Francisco General Hospital. However, actual patient census at San Francisco General Hospital is currently above the level budgeted. The average census for the month of February at SFGH is 337 patients. Actual patient census is as follows:

	Budget	Actual	Increase / (Decrease)
Med/Surg Acute	193	227	34
Skilled Nursing	19	15	(4)
Psych Acute	98	95	(3)
Total	310	337	27

San Francisco General Hospital, like all hospitals in the City and County of San Francisco, has seen an increase in patient volume. In December patient census was 5 higher than the budget. In January, patient census was 19 over budget. Similarly, outpatient visits in medical specialty clinics have increased. Outpatient visits to medicine and specialty clinics in the first of the year have increased 5% to 15% over the prior year.

Attached is information on current patient census at San Francisco General Hospital compared to the budget (operating plan) and the census necessary to meet salary savings targets. The attached table shows that patient census in most units is above the level necessary to achieve salary savings. Salary savings is the anticipated amount of salaries that will not be expended as a result of normal attrition. City departments are required to budget salary savings which reduces the appropriation for salaries. Based on the current census and staffing levels, San Francisco General Hospital will not meet its salary savings requirements and will be over expended in the current year.

The baseline budget to be submitted to the Mayor on February 19 does not include an increase in patient census for San Francisco General Hospital. Should the Health Commission choose to include an increase in patient census for San Francisco General Hospital in its FY 99-00 budget, this will be an above base request. An increase in patient census of 10 beds is estimated to be a $2.5 to $3 million increase in General Funds. This estimate assumes that SFGH will not need to open an additional ward, which will significantly increase this estimate. An increase in patient census of 20 beds is estimated to be a $6 to $7 million in additional General Fund support.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 5-99

APPROVING CHANGES IN OUTPATIENT PHARMACY SERVICES AT SAN FRANCISCO GENERAL HOSPITAL

WHEREAS, pharmacy services at San Francisco General Hospital are currently budgeted at $26.8 million; and,

WHEREAS, San Francisco General Hospital has actual pharmacy expenditures of $28 million, an over expenditure of $1.2 million in the current year; and,

WHEREAS, San Francisco General Hospital's inpatient pharmacy expenditures are approximately $10 million, and outpatient pharmacy expenditures are approximately $18 million; and,

WHEREAS, the Department of Public Health's current pharmacy practices provide for a drug formulary that is broader and covers more drugs than the formulary covered by Medi-Cal; and,

WHEREAS, the Community Health Network's outpatient pharmacy currently provides over-the-counter drugs at no charge; and,

WHEREAS, the costs of dispensing outpatient pharmacy drugs for Medi-Cal exceeds the reimbursement received for these services; and,

WHEREAS, the cost of operating a satellite clinic is very expensive; and,

WHEREAS, many community pharmacies exist throughout the City and these pharmacies can provide quick and accessible pharmacy services to Medi-Cal and other sponsored patients; and,

WHEREAS, the Department of Public Health has recommended changes to outpatient pharmacy services as a way to reduce costs; now, therefore, be it

RESOLVED that the Health Commission approves changes to the Community Health Network outpatient pharmacy practices which will require Medi-Cal and sponsored patients to be referred to community pharmacies whenever possible; that the outpatient pharmacy services can be consolidated; that the formulary be limited to those drugs currently covered by Medi-Cal; that an appeal process be developed for inclusion of non-formulary drugs based on established medical criteria; that an appropriate policy be developed for a co-pay considering one's ability to pay; that the co-payment policy be waived for those patients with an inability to pay; and that over-the-counter drugs and other items dispensed for at no charge by the outpatient services be limited to those items that are medically indicated by health care providers.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 16, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-99

DETERMINING WHETHER THE CLINICAL CONSOLIDATIONS AT THE DAVIES AND CALIFORNIA CAMPUSES OF CALIFORNIA PACIFIC MEDICAL CENTER, WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, California Pacific Medical Center, since the acquisition of the Ralph K. Davies Medical Center, has been designing and reorganizing a merged medical center that provides the most efficient access to the joint services and facilities; and,

WHEREAS, the clinical consolidations are based on patient demand and will result in a net increase in operational beds; and,

WHEREAS, the changes are:

1. Expansion of labor and delivery at the California Campus;
2. Consolidation of all acute rehabilitation to the Davies Campus; and
3. Relocation of select units and expansion of skilled nursing units at the Davies and California Campuses

WHEREAS, in accordance with the Health Care Planning Ordinance, the Health Commission held a public hearing on February 2, 1999, now, therefore, be it

RESOLVED that the Health Commission determines that #1 and #2 above, will not have a detrimental impact on health care service of the community, and, be it

FURTHER RESOLVED that the Health Commission determines that #3 above, will have a detrimental impact on health care service of the community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 16, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 4-99

APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S SUBMISSION OF A BASELINE BUDGET FOR FISCAL YEAR 1999-00

WHEREAS, the Department of Public Health has submitted a budget for FY 1999-00 to the Health Commission to continue the current level of health care and population health services; and,

WHEREAS, the Department has experienced large revenue deficits in the current fiscal year and revenue deficits of $26 million are projected to continue in the next fiscal year; and,

WHEREAS, the magnitude of the revenue deficit is so large that it cannot be solely offset by General Fund support from the City and County; and,

WHEREAS, the Department has proposed administrative expenditure reductions and reconfigurations of supportive and ancillary services to reduce costs, which will partially offset projected revenue deficits for FY 1999-00; and,

WHEREAS, the Department proposes to consolidate laboratory services, to reduce outpatient pharmacy registry expenditures, and to consolidate billing and accounting functions at Laguna Honda Hospital and San Francisco General Hospital; and,

WHEREAS, despite the proposed reductions, the Department of Public Health will maintain access to services and high quality of care; and,

WHEREAS, it is in the best interests of the patients served by the Department of Public Health to provide care in the most appropriate and least restrictive environment possible; and,

WHEREAS, the Department has proposed the reallocation of resources for FY 1999-00 to reduce reliance on institutional care and increase access and availability to community based care, consistent with the Health Commission' policy directive as approved in Resolution # 35-98; now, therefore, be it

RESOLVED that the Health Commission supports the proposed budget for FY 1999-00, which includes decreasing expenditures to offset projected revenue deficits while maintaining high quality services, and requesting additional General Fund support from the City and County; and, be it

FURTHER RESOLVED that the Health Commission supports the proposed budget initiatives for FY 1999-00 that include the reallocation of resources to alternatives other than institutional care and the reconfiguration of services, including the outpatient pharmacy, the laboratory and administrative and financial services; and, be it

FURTHER RESOLVED that the Health Commission authorizes the Director of Health and his staff to work with the Mayor and his staff, to balance the budget with a combination of increases in the General Fund allocation and expenditure reductions; and, be it

FURTHER RESOLVED that the Health Commission requests that the Department resubmit its budget to the Commission if additional expenditure reductions which impact service delivery are required to balance the budget; and, be it

FURTHER RESOLVED that the Health Commission authorizes the Director of Health to work with the Mayor and his staff to increase the FY 1999-00 budget, should additional City and County General Funds be available for above baseline budget requests consistent with the needs identified in the FY 1999-00 budget submission; and, be it

FURTHER RESOLVED that the Health Commission recognizes that the base budget provides for a census of 304 beds at San Francisco General Hospital, and directs the Department to bring to the Commission a detailed plan on the adequacy and implications of continuing at the current census.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 16, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

6/99
ial Closed
utive Session

SPECIAL CLOSED EXECUTIVE SESSION OF THE HEALTH COMMISSION

Friday, February 26, 1999
9:00 – 11:00 a.m.
and
Tuesday, March 2, 1999
1:00 – 2:00 p.m.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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1) ROLL CALL

2) PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

3) VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

4) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:

___X___ AS DEFENDANT _____ AS PLAINTIFF

CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9(b)(3)(B), REGARDING THE DENIAL OF A CONTRACT WITH CATHOLIC YOUTH ORGANIZATION (CYO), WITH RESPECT TO COMPLIANCE WITH HEALTH COMMISSION POLICY #24

5) RECONVENE IN OPEN SESSION:

A. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

B. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

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Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
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Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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Website: http//www.dph.sf.ca.us

MINUTES OF THE SPECIAL CLOSED EXECUTIVE SESSION OF THE HEALTH COMMISSION

Tuesday, March 2, 1999
1:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 1:08 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

3) VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission unanimously voted to hold a closed session.

The Commission went into Closed Session at 1:10 p.m.

4) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:

__X__ AS DEFENDANT _____ AS PLAINTIFF

CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9(b)(3)(B), REGARDING THE DENIAL OF A CONTRACT WITH CATHOLIC YOUTH ORGANIZATION (CYO), AND CONSIDERATION OF A PROPOSED CONTRACT WITH CATHOLIC CHARITIES WITH RESPECT TO COMPLIANCE WITH HEALTH COMMISSION POLICY #24

The Commission came out of Closed Session at 1:35 p.m.

5) RECONVENE IN OPEN SESSION:

A. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

None.

B. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action Taken: The Commission voted not to disclose any discussions held in Closed Session.

The meeting was adjourned at 1:37 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

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CITY AND COUNTY OF SAN FRANCISCO

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AGENDA

HEALTH COMMISSION MEETING

March 2, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 16, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) Consideration of a resolution accepting a gift from New Life Clinic of Free Hypnotherapy Sessions for Smoking, Cessation, Weight Loss and Stress Reduction for City Employees.

(3.2) **CHN** – Request for approval of retroactive renewal contracts with PT & OT Registry, TherAmerica, On-Call Therapists and Preferred Therapy Registry for the provision of temporary, as-needed rehabilitation personnel services for a combined amount not to exceed $450,000 for the period of February 1, 1999 through June 30, 2000. (DPH contracted with the above registries for services totaling a combined $276,000 during FY 1997-98).

(3.3) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Tenderloin AIDS Resource Center (TARC), in the amount of $163,047, for the provision of HIV prevention services targeting behavioral risk populations, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with TARC for services totaling $426,186 during FY 1997-98).

(3.4) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Glide Foundation, in the amount of $53,008, for the provision of HIV counseling, testing, risk reduction and partner notification services, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with Glide for services totaling $523,418 during FY 1997-98).

(3.5) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $138,001, for the provision of HIV, venue-based, individual counseling services for the period of January 1, 1999 through December 31, 1999. (DPH contracted with CAITC for services totaling $391,207 during FY 1997-98).

(3.6) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $142,398, for the provision of HIV prevention services targeting behavioral risk populations, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with CAITC for services totaling $391,207 during FY 1997-98).

(3.7) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Support Center for Non-Profit Management (SCNPM), in the amount of $120,000, for the provision of organizational development and technical assistance for the period of January 1, 1999 through December 31, 1999. (DPH contracted with SCNPM for services totaling $870,561 during FY 1997-98)

(3.8) **PHP-Employment Development Unit** – Request for approval of new contract with AIDS Benefits Counselors (ABC), in the amount of $85,508, for the provision of workplace entry and re-entry services for people living with HIV/AIDS, for the period of March 1, 1999 through June 30, 2000. (DPH contracted with ABC for services totaling $201,014 during FY 1997-98).

(3.9) **DPH-Administration** – Request for a supplemental appropriation in the estimated amount of $6.8 million for Laguna Honda Hospital to include: 1) an estimated $5.8 million to offset reduced operating revenues; and 2) an estimated $1.0 million for financial feasibility planning to determine options to replace the hospital.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **CONSIDERATION OF PROPOSED REVISIONS TO THE CLINICAL SERVICE RULES AND REGULATIONS, AND PRIVILEGE SHEETS:**

a) Otolaryngology (Joint Conference Committee - January 12, 1999)
b) Pediatrics (Joint Conference Committee - January 12, 1999)
c) Psychiatry (Joint Conference Committee - January 12, 1999)
d) Orthopedics (Joint Conference Committee - February 9, 1999)

6) **PRESENTATION OF THE CHILDREN'S SERVICE PLAN FOR 1999-00 FROM THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES**

7) **REPORT ON DEPARTMENT OF PUBLIC HEALTH QUARTERLY EXPENDITURES AND REVENUE FOR FY 1998-99**

8) CONSIDERATION OF A RESOLUTION REGARDING THIS YEAR'S SAN FRANCISCO GENERAL HOSPITAL'S BUDGET DEFICIT, AND DIRECTING THE DEPARTMENT TO CAP THE EMERGENCY ROOM CENSUS AT SAN FRANCISCO GENERAL HOSPITAL IN ORDER TO BRING THE HOSPITAL CENSUS TO BUDGETED 1998-99 LEVELS

9) UPDATE FROM THE LONG TERM CARE TASK FORCE (AB 1040)

10) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 2, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

MAR 11 1999

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 15, 1998

Action Taken: The Commission unanimously adopted the minutes of February 16, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) Consideration of a resolution accepting a gift from New Life Clinic of Free Hypnotherapy Sessions for Smoking, Cessation, Weight Loss and Stress Reduction for City Employees.

See Resolution #8-99, "Approving New Life Clinics Services to Employees of the City and County of San Francisco, their Adult Relatives and Friends," (Attachment A).

(3.2) **CHN** – Request for approval of retroactive renewal contracts with PT & OT Registry, TherAmerica, On-Call Therapists and Preferred Therapy Registry for the provision of temporary, as-needed rehabilitation personnel services for a combined amount not to exceed $450,000 for the period of February 1, 1999 through June 30, 2000. (DPH contracted with the above registries for services totaling a combined $276,000 during FY 1997-98).

(3.3) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Tenderloin AIDS Resource Center (TARC), in the amount of $163,047, for the provision of HIV prevention services targeting behavioral risk populations, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with TARC for services totaling $426,186 during FY 1997-98).

The Department will return in 60 days (May 4, 1999) with a follow-up report.

(3.4) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Glide Foundation, in the amount of $53,008, for the provision of HIV counseling, testing, risk reduction and partner notification services, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with Glide for services totaling $523,418 during FY 1997-98).

(3.5) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $138,001, for the provision of HIV, venue-based, individual counseling services for the period of January 1, 1999 through December 31, 1999. (DPH contracted with CAITC for services totaling $391,207 during FY 1997-98).

Commissioners Hill and Sanchez requested a 60-day (May 4, 1999) follow-up report.

(3.6) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $142,398, for the provision of HIV prevention services targeting behavioral risk populations, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with CAITC for services totaling $391,207 during FY 1997-98).

(3.7) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Support Center for Non-Profit Management (SCNPM), in the amount of $120,000, for the provision of organizational development and technical assistance for the period of January 1, 1999 through December 31, 1999. (DPH contracted with SCNPM for services totaling $870,561 during FY 1997-98).

(3.8) **PHP-Employment Development Unit** – Request for approval of new contract with AIDS Benefits Counselors (ABC), in the amount of $85,508, for the provision of workplace entry and re-entry services for people living with HIV/AIDS, for the period of March 1, 1999 through June 30, 1999. (DPH contracted with ABC for services totaling $201,014 during FY 1997-98).

(3.9) **DPH-Administration** – Request for a supplemental appropriation in the amount of $6,932,000 million for Laguna Honda Hospital to include: 1) $5,810,000 million to offset reduced operating revenues; and 2) $1,122,000 million for financial feasibility planning to determine options to replace the hospital.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

POPULATION HEALTH AND PREVENTION

Asthma and Managed Care

On February 18th, the health directors of six Bay Area county health departments and the CEOs or medical directors of their respective Medi-Cal managed care plans met for a half day to review

regional data on asthma. The discussion focused on ways in which public health and managed care can collaborate to improve the management of and prevent the onset of asthma. The meeting was organized under the auspices of the Public Health Institute's Regional Asthma Management and Prevention (RAMP) initiative and the Association of Bay Area Health Officials (ABAHO).

The presentation of hospitalization rates for asthma in four counties (San Francisco, Alameda, Contra Costa and Solano) showed consistently high rates among ethnic minority—especially African American—children living in zip codes associated with poverty, which underscored the importance of health departments and Medi-Cal managed care plans working together. Follow-up will include development of a plan to combine improved clinical practices in managed care plans with public health interventions emphasizing community education and environmental prevention activities. It was also agreed that, if a successful model can be developed to address asthma, it can serve as a foundation from which to develop a broader collaboration to focus on other population health priorities.

Jennifer Mann from the Community Health Epidemiology Section provided valuable assistance in the collection and presentation of the data. Bob Prentice was a lead organizer of the event and represented the San Francisco Department of Public Health at the meeting.

The Black Infant Health Improvement Project

The Black Infant Health Improvement Project sponsored its Fourth Annual Afrocentric Parenting Conference on February 12, 1999. The Conference was dedicated to Agnes Morton, a recently retired Public Health Nurse and community activist. One hundred eighty health and social service providers, community members, and parents gathered at the daylong conference to share skills and knowledge about the needs of African American families. Participants represented 67 agencies and nine counties.

The theme of the conference was "Revitalizing the Village." The Honorable Phrasel Shelton, a juvenile and family Court Judge for San Mateo delivered the keynote address. The conference explored a variety of parenting issues including self-esteem, conflict resolution, discipline, and teaching methods.

COMMUNITY HEALTH NETWORK

SFGH Nurse Honored

Sue Trupin, R.N., whose outstanding professional achievements include her pioneering efforts to help grandparents suffering from severe depression brought on by the burden of raising their grown children's children, has been named the first "Welcome Back Awards" health care honoree, sponsored by Eli Lilly. She is one of five individuals who will be honored at an inaugural ceremony in May in Washington, D.C.

Ms. Trupin, a 16-year veteran at SFGH Adult Medical Clinic, has helped countless middle-aged women receive treatment for their depression, while helping them gain control over other health problems. She has been instrumental in educating primary care physicians about the complexity of their patients' lives and its impact on health. Please join me in praising Ms. Trupin for her outstanding work.

David Ofman, M.D., selected for the NAPH Medical Leadership Forum.

Dr. David Ofman joins Drs. Melissa Welch and Sylvia Villarreal in being selected to participate in the NAPH Medical Director Leadership Program. This program will focus on skills necessary for Safety Net Providers to lead clinical change in a managed care environment. Congratulations to Dr. Ofman for this honor.

February Celebrations at the MHRF

The Mental Health Rehabilitation Facility had a busy February celebrating Black History Month and the Lunar New Year. One of the many popular activities for Black History Month was a visit from the first woman cable car grip: Fanny Barnes. She was hired in January 1998 and proved that another "men only" job could be successfully performed by a woman.

The Lunar New Year was celebrated at the MHRF on February 24th. Twenty-five young members of a lion dance troop entertained patients and staff with firecrackers, drums, cymbals, and five lion dancers. Two CHN employees, Kitty and Lincoln Mah, are the parents of the Mako, a lion "head" and drummer.

In-Home Support Service Insurance Program

The insurance program for In-Home Support Service workers officially began on March 1st. Approximately 1000 members became eligible for health benefits in its first month of operation. Congratulations to all the parties involved in bringing this valuable program to reality, the IHSS Public Authority, SEIU Local 250, the San Francisco Health Plan and the CHN Office of Managed Care.

5) **CONSIDERATION OF PROPOSED REVISIONS TO THE CLINICAL SERVICE RULES AND REGULATIONS, AND PRIVILEGE SHEETS:**

a) Otolaryngology (Joint Conference Committee - January 12, 1999)
b) Pediatrics (Joint Conference Committee - January 12, 1999)
c) Psychiatry (Joint Conference Committee - January 12, 1999)
d) Orthopedics (Joint Conference Committee - February 9, 1999)

Action Taken: The Commission unanimously approved the revisions to the Clinical Service Rules and Regulations, and Privilege Sheets for Otolaryngology, Pediatrics, Psychiatry and Orthopedics.

6) **PRESENTATION OF THE CHILDREN'S SERVICE PLAN FOR 1999-00 FROM THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES**

Deborah Alvarez-Rodriguez, Director of the Department of Children, Youth and Their Families, presented the 1999-2000 Children's Service Plan, (Attachment B)

Commissioner Guy pointed out the lack of health indicators for STD's, AIDS, drug poisoning, homeless youth, the African American high risk community, and Latino youth issues.

Ms. Alvarez-Rodriguez stated that these health indicators will be developed. She also pointed out that she will be looking at the distribution of funds to target populations.

Commissioner Chow stated his concern for Asian immigrant children and youth

The Commission thanked Ms. Alvarez-Rodriguez for the comprehensive plan.

7) **REPORT ON DEPARTMENT OF PUBLIC HEALTH QUARTERLY EXPENDITURES AND REVENUE FOR FY 1998-99**

Monique Zmuda, Chief Finance Officer, presented the Second Quarterly Report for FY 1998-99, (Attachment C).

Ms. Zmuda reported the Department will bring detailed proposed reductions later this month.

Commissioner Chow expressed his concerns that adequate resources be allocated towards readiness for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey in May. He stressed the importance of passing accreditation and does not want the reduction of ancillary services to negatively impact the JCAHO survey.

Dr. Katz stated the proposed reductions would not affect areas for accreditation.

Commissioner Hill stated his concerns that not enough resources are being allocated for accreditation. He expressed his concern for staff burn-out and San Francisco General Hospital being over capacity.

Commissioner Sanchez raised the question at what point does the Commission say the Department cannot go any further; and do we need a baseline census?

Commissioner Guy encouraged the Department to restate how much it costs to run the Department. She sees the Department trying to resolve the deficit within the Department. She is quite concerned about safety and other Department programs. She requested the Department to analyze the impact on other parts of the Department. She also appreciates the truth from staff.

8) **CONSIDERATION OF A RESOLUTION REGARDING THIS YEAR'S SAN FRANCISCO GENERAL HOSPITAL'S BUDGET DEFICIT, AND DIRECTING THE DEPARTMENT TO CAP THE EMERGENCY ROOM CENSUS AT SAN FRANCISCO GENERAL HOSPITAL IN ORDER TO BRING THE HOSPITAL CENSUS TO BUDGETED 1998-99 LEVELS**

Dr. Katz indicated that San Francisco General Hospital has been taking care of an increasing number of indigents and that over the past few years there has been an accumulation of the census, with this year being very high. It is difficult to live within the budget when the needs are higher than the budgeted census. He proposed to limit the capacity of the emergency department at San Francisco General Hospital to meet its physical and staffing capacity. This action will also reduce some of the high census at SFGH. San Francisco General Hospital accepts more than 50% of the ambulances. The Department will look at other ways to decrease the hospital census.

President Monfredini emphasized that nurses and physicians should not be part in a situation that jeopardizes the safety of patients and staff.

Public Speakers:

Alan Gelb, M.D. advocated increasing bed capacity, not decreasing ambulance arrivals.

Wade Rose, Catholic Healthcare West, Executive Vice President, indicated the proposed policy will affect all of the other hospitals.

Catherine Dodd, Kaiser Hospital, advocated for collaboration between the Department of Public Health and the private hospitals.

Nathan Nayman, Hospital Council, advocated the Department to work with other healthcare leaders on the larger health policy issues.

President Monfredini reminded everyone that this issue has been around for a while. She stated that this is an emergency situation and is sorry this action will affect the other hospitals.

Commissioner Chow observed that all hospitals have increased census, and expressed his disappointment that the capacity of the City has not yet been addressed. He raised the larger question of what is the capacity need for acute care. He also reminded the private, non-profit hospitals of their tax exempt status and their public benefits from this.

Commissioner Hill stated that the Commission has no policy to address the large number of patients showing up at San Francisco General Hospital. No one is saying no to the poorest of the poor. He is concerned about staff burn-out and resignations. He proposed an amendment in the proposed resolution limiting the hospital census to 282 until the budget issues are resolved.

Commissioner Parker expressed his frustration over this present predicament and sees very few solutions. He observed that it appears that we never get out of this quagmire. He encouraged the Commission to take the same stand it took on California Pacific Medical Center, determining this situation to be detrimental to the community.

Commissioner Guy observed that the capacity question needs to be addressed. This present situation should not be a surprise. She feels the census of 282 is a fantasy.

Commissioner Sanchez expressed that the budgeted census of 310 would be a minimum. The Department's mission needs to be articulated; and the bed capacity needs to be increased.

Commissioner Umekubo feels this is the tip of the iceberg on the capacity question. The proposed resolution is a temporary solution. He encouraged the Department to look at other ways to solve these problems. He suggested an amendment to the resolution indicating the need for the Department and the other hospitals to continue collaboration.

Dr. Katz reported he will bring back to the Commission before the end of March several proposed ways to address this deficit.

Commissioner Hill requested assurance that personnel are in place to address the increased hospital census.

Commissioner Chow suggested instead of including a census of 282 in the resolution, there needs to be assurance of adequate personnel at the increased census level.

Action Taken: The Commission (Chow, Guy, Parker, Monfredini, Sanchez, Umekubo) adopted the amended Resolution #7-99, "Authorizing the Department of Public Health to Limit the Capacity of the Emergency Department at San Francisco General Hospital to the Physical Capacity and Budgeted Staffing Level," (Attachment D). Commissioner Hill voted no.

9) UPDATE FROM THE LONG TERM CARE TASK FORCE (AB 1040)

Tony Wagner, Co-Chair of the AB 1040 Task Force, gave an update on the work of the Task Force regarding key planning issues, labor issues, statewide issues, upcoming Task Force meeting topics, and coordination with the Laguna Honda Hospital Replacement Planning Committee. For a copy of the full report, contact the Commission Office at 554-2666.

Commissioner Chow raised concerns about the governance structure and its relationship to the 1115 Waiver Committee and the Universal Healthcare issue. He would want to know what linkages will be established among all of these entities. He also indicated that duplicative efforts or more bureaucracy should be avoided.

Commissioner Guy expressed her deep disappointment in the AB 1040 Task Force's feeling that it is inappropriate to take a position on the number of beds needed at Laguna Honda Hospital.

Mr. Wagner will bring back the governance structure recommendation from the Task Force.

10) PUBLIC COMMENTS

Ed Kinchley, SEIU 790, indicated with the closing of the satellite pharmacy, there was no meet and confer.

Jeff Wong, California Pharmacists Association, opposed closing of the San Francisco General Hospital satellite pharmacy.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-99

APPROVING NEW LIFE CLINICS SERVICES TO EMPLOYEES OF THE CITY AND COUNTY OF SAN FRANCISCO, THEIR ADULT RELATIVES, AND FRIENDS

WHEREAS, New Life Clinics has offered to provide free clinical hypnotherapy treatment services for smoking cessation, weight control, and stress management to employees of the City and County of San Francisco, their adult relatives, and friends; and,

WHEREAS, smoking, obesity, and stress are significant risk factors that undermine an employee's health and well-being, and can lead to premature death; and,

WHEREAS, all services provided by New Life Clinics will be offered to employees on a voluntary basis; and,

WHEREAS, New Life Clinics reports an outstanding record in the provision of free treatment of individuals for tobacco smoking cessation, weight reduction, and stress management; and,

WHEREAS, New Life Clinics will employ only Board Certified Hypnotherapists to provide the treatment services; and,

WHEREAS, a pilot treatment session for City employees conducted under the auspices of the Department of Public Health's Employee Assistance Program indicated that the services were considered to be helpful and could be beneficial for all City employees; and,

WHEREAS, New Life Clinics will have in place professional liability insurance consistent with the City Risk Manager's requirements; now, therefore, be it

RESOLVED that the Health Commission approves the New Life Clinics proposal to offer free hypnotherapy treatment to City employees, their adult relatives, and friends for smoking cessation, weight control, and stress management.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 2, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Introduction

Over the past several years parents, consumers, young people, and policy makers have expanded the public debate on children's services to include a focus on quality and accountability. The mission of the Department of Children, Youth and Their Families (DCYF), formerly known as the Mayor's Office of Children, Youth and Their Families (MOCYF), is to improve the well-being of children, youth and their families in San Francisco. In order to demonstrate measurable improvements in the lives of San Francisco's young people, DCYF is working with all stakeholders – parents, youth, educators, public policy leaders, business, philanthropy and community service agencies – to build the capacity of our neighborhoods to promote the healthy development of children. The annual Children's Services Plan (CSP) is an important part of this process.

The Children's Fund legislation requires the Mayor to prepare and present to the Board of Supervisors a Children's Services Plan (CSP). The CSP articulates the input from various stakeholders throughout the City and recommends policy and funding priorities for the expenditure of the Children's Fund. Recommendations are based on past planning efforts as well as analysis of future socio-economic, demographic and program trends. From November to December 1998 DCYF conducted 11 community meetings and 8 meetings with City Departments. We also collected secondary data from a number of important sources including the San Francisco Department of Public Health, Juvenile Probation Department, San Francisco Unified School District, Housing Authority and the State Department of Finance. After analyzing the available data the Children's Services Plan proposes five new systems change priorities and aligning future funding to quality of life benchmarks.

Systems Change Priorities Will Guide DCYF Operations

DCYF is taking unprecedented action to make accountability and evaluation a central strategy in accomplishing its mission of improving the well being of San Francisco's youngest residents. In order to make policy, planning and accountability the hallmark of our children's services system we must make two fundamental changes in the way we do business. First, we must stop treating evaluation and accountability as a technical appendage or afterthought of grant making and contracting.[1] Secondly, we must redefine grant making for children's services as an investment strategy[2] that leverages resources in order to yield positive results. By demonstrating the value of our investments in children and

[1] "The National Structured Evaluation: Final Report to Congress." Gary Hill et al., Conwal Incorporated, 1994.
[2] "A Workbook for Reinvesting in Community Based Prevention Approaches for Children and Families." The Comprehensive Integrated Services Reinvestment Project; Foundation Consortium, 1998.

youth services we have an opportunity to enhance accountability and develop important tools to help change the public and private delivery systems that serve the needs of children, youth and families in San Francisco. Transforming the way we do business does pose some challenges, but San Francisco has repeatedly led the nation in innovative public policies for children. To facilitate this new focus on results-based planning, the Department of Children, Youth and Their Families proposes to implement a number of systems change priorities in fiscal 1999-2000:

- Leverage financial and human resources in order to build the capacity of neighborhoods, service organizations and public institutions to improve outcomes for children, youth and their families;
- Develop a system of service that is coherent, coordinated, responsive and unites all stakeholders;
- Develop a two-year funding strategy that promotes coordinated planning and accountability
- Implement an evaluation framework to assess performance and measure outcomes;
- Implement an on-line grants management database that incorporates quantitative and qualitative measures linked to performance measures and outcome indicators; and
- Mandate all contracts over $200 K to develop a plan to increase youth participation in the implementation and evaluation of services supported by the Children's Fund.

These changes are necessary if the collective "we" is going to succeed in making San Francisco the most child friendly city in America. As Jonathan Kozol said in Amazing Grace, " Whatever good things may happen for the children of another generation are, in any case, of little solace to those who are children now and will not have their childhood to live a second time in the next century."[3]

Funding Priorities Will Be Linked to New Quality of Life Benchmarks

In order to create an accountability system, we need to make decisions linked to results. "Creating a set of results and indicators lays the groundwork for developing new decision making tools which inform and to some extent make possible, a new kind of decision making process. The purpose of these efforts is to make decisions that lead to improved results for children, families, and communities,"[4] emphasizes Mark Friedman, a national expert on results based planning and accountability systems.

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[3] AMAZING GRACE: The Lives of Children and the Conscience of a Nation. Jonathan Kozol, First Harper Perennial, New York, 1996; p. 193.

[4] "A Strategy Map For Results – Based Budgeting: Moving From Theory to Practice". Mark Friedman for the Finance Project; September, 1996.

While the 1997-98 and 1998-99 funding priorities were an important step toward setting overall goals to guide the work of the departments and community-based organizations, they lack the specificity to effectively evaluate the impact of these services for specific populations and communities. As such, DCYF proposes to work with our community based organizations, youth and parents who are consumers of DCYF-funded programs, city departments and local and national research institutions to develop a set of quality of life benchmarks and indicators to guide future funding priorities. The revised set of funding priorities proposed for FY 1999-2000 is linked to available published research on quality of life indicators as well as input from community meetings. The Department recognizes that this set of benchmarks and indicators is incomplete and may change as a result of an intensive planning process that the Department will facilitate in the upcoming year. Nonetheless, they represent an important starting point and an expanded focus on results.

A number of important research studies have begun to develop and define quality of life indicators or benchmarks for children and family services. EMT Associates, through a grant from the Foundation Consortium, developed a set of nine Quality of Life Indicators. DC Action for Children, as part of their Children's Budget 2000 also developed a set of key benchmarks. In 1998 the California Healthcare Foundation published a report entitled Purchasing Higher Quality Care for Children: A Clinical Quality Accountability Framework for California's Healthy Families Program. Robert G. Eccles' article *"The Performance Measurement Manifesto,"* published in the Harvard Business Review, details the importance of having qualitative and quantitative measures of performance. The work of a number of important organizations, including Children Now, The Finance Project and the National Center for Youth Development have also made important contributions. The Department of Children, Youth and Their Families proposes to adopt many of the Quality of Life Indicators for Children & Families developed by the Foundation Consortium to guide future funding and planning activities. These **Quality of Life Benchmarks** are:

1. Children and families are healthy;
2. Children are ready to learn and are succeeding in school;
3. Children live in safe and supported families;
4. Children and youth will have meaningful relationships with peers and adults in their families and community;
5. Children and youth live in safe, viable and supported communities; and
6. Children and youth contribute to the vitality of San Francisco.

Within each of these Benchmarks, DCYF, working with community-based organizations, consumers (both young people and parents), City Departments, foundations, businesses, and elected and appointed officials, will develop a set of specific performance indicators. These might include: a) health insurance coverage; b) immunization, nutrition, and child mortality; c) use of alcohol and drugs by young people; d) availability of child care; e) student achievement and

graduation rates; f) median family income; g) public library, after-school, and arts opportunities; h) job growth; and i) youth membership in community service projects and organizations.

The 1999-2000 Children's Services Plan reflects the efforts of DCYF to design a roadmap for results-based planning for the new millennium. ***Section One: Advantages and Achievements*** reviews the history of the Children's Fund and the neighborhood assets supported over the past two years. ***Section Two: Challenges in a Changing Environment*** highlights some of the policies and trends that impact the well being of children, youth and families in San Francisco. ***Section Three: Recommendations*** describes the Department's funding and operational recommendations for the 1999-2000 fiscal year.

MEMORANDUM

March 2, 1999

TO: President Lee Ann Monfredini
and Honorable Members of the Health Commission

THROUGH: Mitchell Katz, M.D.
Director, Department of Public Health

FROM: Monique Zmuda
Chief Financial Officer

RE: Revenue and Expenditure Report – Update to Second Quarter FY 1998-99

Based on estimated revenues and expenditures for the second quarter of the fiscal year ending December 31,1998, the Department of Public Health projected a shortfall of $5.1million. Projections for the second quarter were provided to the Controller and were included in their *Six Month Budget Status Report.*

These projections were based on revenue and expenditure data for a five month period, and assumed the implementation of an aggressive expenditure reduction plan which was approved by the Health Commission at its meeting of November 17. Expenditures were projected to be reduced by $19.0 million primarily due a self imposed hiring freeze, deferred equipment and capital purchases, reduction of administrative expenses and the delay of new programs.

However, the Department has not been able to achieve much of the savings expected from the expenditure reduction plan. As such, the Department will be revising the initial projections based on updated information on expenditures which have been analyzed over the past month.

Finance 101 Grove Street San Francisco, CA 94102

Prior estimates provided to the Controller are summarized below:

Projected FY 98-99 Year End Surplus
As of Second Quarter Ending December 31, 1998
(In Thousands)

	Variance Over/(Under) Budgeted Amount		
	Revenues	Expenditures	Net Surplus/ (Deficit)
Community Health Network			
San Francisco General Hospital	$ (20,051)	$ 7,600	$ (12,451)
Laguna Honda Hospital	(6,688)	1,601	(5,087)
Primary Care	450	4,822	5,272
Forensics	0	0	0
Subtotal CHN	(26,289)	14,023	(12,266)
Population Health & Prevention	(4,824)	11,946	7,122
Total	$ (31,113)	$ 25,969	$ (5,144)

Revised Projections

Preliminary estimates of revenues and expenditures for the Department of Public Health are now available for the seven month period ending January 31, 1999. These estimates indicate that revenues are projected to be approximately $35 million below budget while expenditures savings are projected to be only $10 million below budget. These estimates would result in a net deficit of approximately $25 million by the year ending June 30, 1999.

The expenditure reduction plan has not achieved targeted savings as a result of the continuing high census at the inpatient wards and emergency department at San Francisco General Hospital that has led to increased overtime, per diem and registry expenditures beyond the levels budgeted. Costs also exceed the budget in the areas of outpatient pharmacy, radiology, laboratory, medical and admitting at San Francisco General Hospital. In addition, the Department's workers compensation expenses are approximately $1.6 million over budget. Finally, the City's no-turnaway policy in the shelters has required increased expenditures at Mission Rock. These increased expenditures must be funded by savings which otherwise would have contributed to a reduction in the overall revenue shortfall.

The Department has forwarded a supplemental appropriation to the Health Commission to request General Fund support to offset the projected revenue loss at Laguna Honda Hospital. If this request is approved, the net deficit to the Department of Public Health will be reduced to $19 million.

Additional Strategy to Reduce the Shortfall

The Department is working on additional cost reductions to reduce the projected revenue deficit and to reduce areas of over expenditure. Specifically, the Department proposes to limit the capacity at the emergency department at SFGH to the physical and staffing capacity. This policy will be considered by the Health Commission during the meeting of March 2.

In addition, the Department will be bringing to the Health Commission, during March, further reductions to expenditures, including:

- Deferring new programs scheduled to begin in the current year until next fiscal year
- Eliminating existing administrative and management positions
- Consolidating existing clinical services
- Reducing ancillary and support services at SFGH
- Eliminating selective community and institutional program and services

Department staff will evaluate the programmatic and financial impact of these proposals. Staff will also continue to closely monitor revenues and expenditures to determine how much of the revenue deficit can be managed internally this fiscal year. Updated revenue and expenditure projections and details of the programmatic and financial impact of additional expenditure reduction proposals will be presented to the Health Commission for its consideration in March.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-99

AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO LIMIT THE CAPACITY OF THE EMERGENCY DEPARTMENT AT SAN FRANCISCO GENERAL HOSPITAL TO THE PHYSICAL CAPACITY AND BUDGETED STAFFING LEVEL

WHEREAS, San Francisco General Hospital has estimated a revenue deficit in the range of $20 to $24 million in the fiscal year 1998-99; and,

WHEREAS, the deficit is the result of reductions in reimbursement from Medi-Cal and Medicare, and is the result of the increased number of unsponsored patients requiring County subsidized care; and,

WHEREAS, San Francisco General Hospital has been operating its medical/surgical wards at a census that is higher than budgeted during the current fiscal year, which increases expenditures beyond budgeted levels, thereby exacerbating revenue shortfalls; and,

WHEREAS, the emergency department at San Francisco General Hospital has a physical capacity and staffing level to serve approximately 36 patients, but during the current year, has increased its census to 54 patients in order to avoid diverting patients to other hospitals; and,

WHEREAS, overcrowding in the emergency department could compromise patient safety and quality of care, and leads to increases in the inpatient census beyond the budgeted levels; and

WHEREAS, it is necessary to comply with applicable City codes, State licensing regulations, and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accrediting standards; and,

WHEREAS, San Francisco General Hospital serves as the trauma center for the City; now, therefore, be it

RESOLVED that the Health Commission authorizes the Department of Public Health to invoke emergency department diversion at San Francisco General Hospital when the emergency room at San Francisco General Hospital is at the physical capacity and budgeted census of 36 bed; and, be it

FURTHER RESOLVED that the emergency department shall continue to accept all trauma cases; and, be it

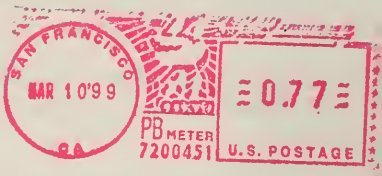
FURTHER RESOLVED that the Department work collaboratively with the other San Francisco hospitals to provide access to the highest quality of care for emergency services for all San Francisco resident.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 2, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



FIRST CLASS MAIL

Terry Gwiazdowski, Government Inf. Center
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Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

March 16, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

MAR 12 1999

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE SPECIAL CLOSED SESSION OF FEBRUARY 26, 1999 AND THE CLOSED SESSION AND REGULAR MEETING OF MARCH 2, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) Status update on Shared Medical Systems, Inc.'s compliance to Policy #24 regarding board diversity.

(3.2) PHP-HIV Prevention Services – Request for approval of retroactive renewal contract with Haight Ashbury Free Clinic, Inc. (HAFC), in the amount of $105,649, for the provision of HIV-prevention, venue-based, individual outreach for the period of January 1, 1999 through December 31, 1999. (DPH contracted with HAFC for services totaling $15,119,656 during FY 1997-98).

(3.3) **PHP-CHS-Special Projects** – Request for approval of Sole Source and new contract with San Francisco AIDS Foundation (SFAF), in the amount of $357,023 for the provision of site management and case management services for the period of March 17, 1999 through June 30, 2000. The sole source request is for an annual amount of $223,178 per year, for the period of March 17, 1999 through June 30, 2003. (DPH contracted with SFAF for services totaling $4,136,118 during FY 1997-98).

(3.4) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Glide Foundation, in the amount of $232,495, for the provision of HIV-prevention services targeting behavioral risk populations, for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Glide for services totaling $523,418 during FY 1997-98).

(3.5) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Stop AIDS Project, Inc. (STP), in the amount of $214,129 for the provision of HIV-prevention program services targeting behavioral-risk populations, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with STP for services totaling $863,894 during FY 1997-98).

(3.6) **PHP-CSAS** – Request for approval of retroactive Sole Source and modification to the contract with Haight Ashbury Free Clinics, Inc.-San Francisco Target Cities Project (HAFC), in the amount of $541,314 to augment the provision of acupuncture services and start up to provide new intensive outpatient services for persons in the Personal Assisted Employment Services (PAES) program for the period of October 1, 1998 through June 30, 1999. (DPH contracted with HAFC for services totaling $15,119,656 during FY 1997-98).

(3.7) **PHP-CSAS** – Request for approval for a modification to the contract with the Latino Commission, in the amount of $647,000, to provide community substance abuse residential and aftercare services for Latino men, and to extend the contract term through June 30, 2000. The total contract amount will be $675,000 for the period of October 1, 1998 through June 30, 2000. (DPH did not contract with Latino Commission during FY 1997-98).

(3.8) **PHP-CSAS** – Request for approval of retroactive Sole Source and modification to the contract with Jelani House in the amount of $280,000, for residential and outpatient substance abuse services to women and their children for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Jelani for services totaling $1,187,959 during FY 1997-98).

(3.9) **PHP-HIV Health Services** - Request for approval of the FY 1999-2000 Ryan White Comprehensive AIDS Resource Emergency Act of 1990 (CARE) Title I, Title II and General Fund contracts for a combined total of $37,717,304 for the period of March 1, 1999 through February 29, 2000 for Title I funds, April 1,1999 through March 31, 2000 for Title II funds and July 1, 1999 through June 30, 2000 for General Fund programs with the following agencies:

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University of the Pacific-School of Dentistry	$543,600
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Westside Community Mental Health Clinic	$244,733

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR MARCH 1999**

6) **PUBLIC HEARING AND CONSIDERATION OF AMENDMENTS TO THE HEALTH COMMISSION POLICY #24 REGARDING ETHNICITY, GENDER, AND SEXUAL ORIENTATION DIVERSITY OF CONTRACTORS**

7) **PRESENTATION OF THE ANNUAL EMERGENCY MEDICAL SERVICES RECONFIGURATION REPORT**

8) **PRESENTATION OF AN ASSESSMENT AND EVALUATION OF TREATMENT MODALITIES FOR SUBSTANCE ABUSE**

9) **CONSIDERATION OF PROPOSED REVISIONS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS – ACCOMPANYING MANUALS:**

- **RULES AND REGULATIONS**
- **CREDENTIALING PROCEDURE MANUAL**
- **COMMITTEE MANUAL**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Lee Ann Monfredini
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Vice President

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 16, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE SPECIAL CLOSED SESSIONS OF FEBRUARY 26 AND MARCH 2, 1999, AND THE REGULAR MEETING OF MARCH 2, 1999

Action Taken: The Commission unanimously adopted the minutes of the Special Closed Sessions of February 26 and March 2, 1999, and the regular meeting of March 2, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) Status update on Shared Medical Systems, Inc.'s compliance to Policy #24 regarding board diversity.

Commissioner Hill requested the contractor to return in 6 months (September 21, 1999) with another update.

(3.2) **PHP-HIV Prevention Services** – Request for approval of retroactive renewal contract with Haight Ashbury Free Clinic, Inc. (HAFC), in the amount of $105,649, for the provision of HIV-

prevention, venue-based, individual outreach for the period of January 1, 1999 through December 31, 1999. (DPH contracted with HAFC for services totaling $15,119,656 during FY 1997-98).

Commissioner Hill requested a progress report be brought back to the Commission in 90 days (June 15, 1999).

Commissioner Sanchez requested the report to include an update on retention and staff development.

(3.3) **PHP-CHS-Special Projects** – Request for approval of Sole Source and new contract with San Francisco AIDS Foundation (SFAF), in the amount of $357,023 for the provision of site management and case management services for the period of March 17, 1999 through June 30, 2000. The sole source request is for an annual amount of $223,178 per year, for the period of March 17, 1999 through June 30, 2003. (DPH contracted with SFAF for services totaling $4,136,118 during FY 1997-98).

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Public Speakers: (supported or opposed the site for this contractor)

Jose M. Santiago, Jr. Casa Aztlan
Orlando Cuadra, Casa Aztlan
Victor del Llano
Conrad Navarro
Thomasa Canon
Dan Hill
Abigail Rodas, Latino Commission
Richard Rendon, S.F. Pretrial Diversion
Pedro Soto, Casa Aztlan
D. Rodriguez

Elaine Deck, Adult Probation Department
William Morrow, citizen
Gisella Morrow, citizen
Shirlee Silva
Josyshine Richau, citizen
Fatu Taula, neighborhood
Helen Smith, citizen
Manuel Sanchez

Letters from Adele Lewis and the Lowell Market, and a neighborhood petition with 200 signatures were submitted in opposition to this site.

Commissioner Sanchez requested a 6-month (September 21, 1999) update on this contract.

Commissioner Umekubo inquired about other site opportunities.

Commissioner Hill encouraged the neighbors to reach out to the residents of this program.

President Monfredini expressed her support to those in need and pointed out that 24-hour supervision is included in this program.

Commissioners Guy and Chow encouraged the contractor and Department to work with the community on its concerns.

(3.8) **PHP-CSAS** – Request for approval of retroactive Sole Source and modification to the contract with Jelani House in the amount of $280,000, for residential and outpatient substance abuse services to women and their children for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Jelani for services totaling $1,187,959 during FY 1997-98).

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Commissioner Hill pointed out that agencies with program performance problems are not being included at this time.

Commissioner Umekubo abstained on the St. Mary's Hospital item.

Commissioner Sanchez abstained on the UCSF items

Action Taken: The Commission approved the Budget Committee items, with Commissioners Sanchez and Umekubo abstaining on UCSF and St. Mary's Hospital items respectively on #3.9

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Budget

Last week a number of newspaper articles appeared describing our financial situation. I wanted to review with the Commission our current position.

In preparing potential budget cuts to bring to you on the March 23rd Special Health Commission Meeting, Health Department executive staff discussed proposals with affected staff, union leaders, and community members. The goal of these discussions was to make sure that we were choosing the least painful cuts for the Health Department and to gain greater insight into the implications of these cuts. As these discussions broadened, we received newspaper inquiries about our financial situation. I was reluctant to discuss our proposals with the media because the proposals had not yet been brought to the Commission.

After hearing in greater detail about some of the proposed service cuts that the Health Department might have to make, Mayor Brown asked me on Friday, to work with his Budget Office to attempt to identify sufficient dollars to prevent any further service cuts. He asked that I continue to pursue administrative savings and delete positions through attrition that could be used to close the deficit. In addition he asked DPH to continue to implement the Commission's prior policy decisions with regard to the pharmacy, 4P Detox Unit, and placing the SFGH hospital ED on diversion when we are at our staffed and budgeted census. We are working closely with Matthew Hymel, the Director of the Mayor's Budget Office, and Ed Harrington, the Controller, to close the revenue shortfall.

The Health Department will still bring to the Health Commission on March 23rd, a full report, detailing the sources of the Health Department deficit. We plan on coming back to the Commission in April when we have further information about how much of the deficit the Mayor is able to help to close.

On a related front, lines at San Francisco General Hospital Outpatient Pharmacy were extremely long last week. This was due to several causes. First, many patients who have MediCal and could receive their prescription at another pharmacy were not fully aware that they could go to a neighboring pharmacy. To alleviate this problem we are actively educating Medicaid patients that they have a right to have their prescriptions filled at the neighborhood pharmacy of their choice. We know that in the short time that this pharmacy program has been implemented, already half of our MediCal patients who used use our pharmacy are now having their prescriptions filled at neighboring pharmacies. As the education effort continues and the other half have their prescriptions also filled at neighboring pharmacies, we believe that the lines at the Outpatient Pharmacy will significantly shorten. Last weeks lines were also lengthy because three pharmacy staff were sick and a computer malfunctioned on Tuesday night.

COMMISSION

Congratulations go to the Commission's own secretary, Sandy Mori who was honored yesterday in Sacramento as one of the State's "1999 Women of the Year". Each Assembly member and Senator selects a woman from their respective districts. From the 12th Assembly District, Assemblyman Kevin Shelley selected Ms. Mori for her community work in the areas of aging, civil rights and public policy. On behalf of the entire Department of Public Health, congratulations Sandy on your outstanding work and efforts, it's an honor to know you are part of our team.

POPULATION HEALTH AND PREVENTION

75 Housing Units for Homeless Open in Tenderloin Hotel

The Pacific Bay Inn, located at 520 Jones, between O'Farrell and Geary, will officially welcome its first new tenants, along with the Mayor and other City and agency officials, on Tuesday, March 23rd at an Open House from 11:30 – 1:30 pm. A project of Episcopal Community Services (ECS) of San Francisco, the hotel is the City's first facility to open under the new Direct Access to Housing Program.

Utilizing a successful formula for combining private ownership, non-profit service providers and public efforts, the Pacific Bay Inn is a collaborative between Episcopal Community Services (ECS) of San Francisco, the San Francisco Department of Public Health, Baker Places, Inc., and Mercy Services Corporation.

Pacific Bay Tenants, all of whom are making the transition from life on the streets, exiting homeless shelters and completing treatment programs, will find a service-rich environment.

As you are well aware, genesis for the Pacific Bay Inn began with $1.5 million in new funding from the City's FY 1998-99 budget for the Direct Access to Housing Program. Additionally, the Hilton Foundation, through the Bay Area Office of the Corporation for Supportive Housing, provided the project with a $625,000 grant.

The second Direct Access to Housing project is scheduled to open in May 1999, bringing 94 additional units of supportive housing on line. We would be honored to have the Commission present at the celebration next Tuesday.

Nurseweek Excellence Award

Congratulations to Maternal Child Health Director Mildred Crear, a winner in Nurseweek magazine's 1999 Nursing Excellence Award competition. Mildred was selected in the Management and

Administrative category from a pool of well over 300 candidates statewide. Winners were announced at a gala awards dinner at the Westin Hotel, Los Angeles, on March 13, 1999.

Underground Storage Tank Upgrade Deadline
Staff of the Hazardous Materials Unified Program Agency (HMUPA) have worked closely with the City Attorney's Office to develop an effective enforcement strategy for those underground storage tank (UST) sites that did not comply with the December 22, 1999 upgrade deadline. By March 1, 1999 only 11 of 309 UST sites remained out of compliance. None of these out of compliance sites were City facilities. This extraordinary compliance result is due largely to the collaborative effort of the Department of Public Works Bureau of Construction Management and those city departments that operate UST's. For those sites remaining out of compliance, HMUPA staff will be aggressively pursuing appropriate enforcement actions in collaboration with the City Attorney's Office.

COMMUNITY HEALTH NETWORK
The Senate Rules Committee, of which Senator John Burton is Chairman, has appointed LaFrancine Tate to the State Board of Registered Nursing. She will be one of the two Public Members. Her term will end June 1, 2000. Fran serves as Special Assistant to Gene O'Connell and Anthony Wagner. I am sure you join me in congratulating her on the prestigious appointment.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR MARCH 1999

On behalf on the Commission, President Monfredini presented the Employee Recognition Award to Ron Patton, of the Community Health Network/San Francisco General Hospital, Psychiatry Unit.

6) PUBLIC HEARING AND CONSIDERATION OF AMENDMENTS TO THE HEALTH COMMISSION POLICY #24 REGARDING ETHNICITY, GENDER, AND SEXUAL ORIENTATION DIVERSITY OF CONTRACTORS

Dr. Katz presented the amendments to the current Policy #24 with the change in the title of the policy to Contractors' Compliance with Antidiscrimination Protection and Cultural Competency, (Attachment A).

Dr. Katz reported that the Department will work with contractors to work out the implementation tools. The goal is not to increase bureaucracy but to develop user-friendly tools to implement this policy.

Each Commissioner expressed support for the amended policy and thanked the Department and City Attorney's Office for their work on this important policy.

Commissioner Chow requested the Department to look at the interpretation of the relevant work force, not to have duplicative requirements from contractors, and not to create more bureaucracy and paperwork for contractors.

Commissioner Hill stated that this policy will have legal strength with a better reporting system. He also reminded the Commission of the importance of sexual orientation diversity of the workforce and to be mindful of the spirit of the original policy.

Commissioner Parker expressed his comfortableness with the revised policy.

Commissioner Guy encouraged the Department to be proactive in getting feedback from contractors and that there be on-going interface with Department staff and contractors.

Commissioner Sanchez felt the cultural competency area could be an operational model for public health.

Commissioner Umekubo stated that specific accountability tools are included.

President Monfredini thanked Dr. Katz for maintaining the spirit of the original Policy #24. She felt it would take six months to a year for implementation.

Public Speakers:

Jim Illig, S.F. HIV Contractors Association, emphasized importance of sexual orientation as part of the diversity of Board and staff of contractors.

Richard Heasley, Mental Health Contractors Association, acknowledged receipt of amended Policy #24.

Action Taken: The Commission unanimously approved Resolution #9-99, "Contractors Compliance with Antidiscrimination Protections and Cultural Competency," (Attachment B).

7) **PRESENTATION OF THE ANNUAL EMERGENCY MEDICAL SERVICES RECONFIGURATION REPORT**

Dr. John Brown, Director of the Emergency Medical Services Agency; Dr. S. Marshall Isaacs, Emergency Medical Services Medical Director; and Richard Shortall, Emergency Medical Services Chief, presented an Executive Summary of the San Francisco Fire Department and the Emergency Medical Services Division Annual Report. For the past 18 months, the San Francisco Fire Department has been responsible for the operational provision of Emergency Medical Services (EMS) dispatch and communications, first response, early defibrillation, basic life support (BLS), advanced life support (ALS), ambulance transport, multicasualty incident (MCI) management, and specialized rescue services for the residents of and visitors to San Francisco.

Since the merger of the Department of Public Health Paramedic Division into the San Francisco Fire Department in July 1997, a number of significant changes have taken place with regard to the delivery of prehospital emergency medical services. The dedication and skill of the Department's paramedics, emergency medical technicians, firefighters and officers who now work together to meet the Department's vision, are a part of the commitment of the Department's EMS Division.

The report includes an update on the merger; response to rising EMS call volume and workload; overview of the EMS Section, including operations, special operations, administration, in-service training, and the EMS Academy; medical direction; and the S.F. International Airport and the Airport Rapid Resuscitation Early Shock Trial Program.

Commissioner Parker thanked the Health and Fire Departments for their integration of services.

Commissioner Chow thanked the staff for the good report and expressed concern on the location of defibrillators at security check points.

Commissioner Guy observed that no data has been presented regarding response times. She also is interested in what are the challenges in the fourth phase.

The staff will return on May 18, 1999 to present a comprehensive EMS Section as part of EMS Week.

8) **PRESENTATION OF AN ASSESSMENT AND EVALUATION OF TREATMENT MODALITIES FOR SUBSTANCE ABUSE**

Barbara Garcia, Director of Community Substance Abuse Services, and Dr. Herminia Palacio, Special Assistant to the Director of Public Health, made presentations on the Substance Abuse Modalities. The report provided an overview of substance abuse services and new and future trends in the provision of integrated services to reduce harm from drug use, (Attachment C).

For a copy of the report, contact the Commission Office at 554-2666.

Dr. Palacio reported that recommendations regarding physicians prescribing of methadone will be brought to the Commission.

Commissioner Guy requested data and statistics around the Treatment on Demand services in order to assess and analyze whether the Department is still going in the right direction. She is supportive of looking at more treatment modalities, with the understanding that the Department provide appropriate information to the Commission.

Commissioner Chow requested a presentation and data on acupuncture as a treatment modality.

After hearing the Commissioners' requests, he will provide the following information for the March 23 meeting on the 1998-99 budget:

- Treatment on Demand budget
- Role of the Department of Public Health acupuncture program in drug treatment
- Treatment on Demand slots

Dr. Katz also emphasized that any recommendations from the workgroups on physicians prescribing methadone will come to the Commission prior to reporting to the Board of Supervisors.

9) **CONSIDERATION OF PROPOSED REVISIONS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS – ACCOMPANYING MANUALS:**

- **RULES AND REGULATIONS**
- **CREDENTIALING PROCEDURE MANUAL**
- **COMMITTEE MANUAL**

Dr. Sylvia Villarreal, Chief of Staff at San Francisco General Hospital, presented the proposed revisions, which were recommended for approval at the March 8, 1999 Medical Executive Committee, and March 9, 1999 JCC-SFGH.

Action Taken: The Commission unanimously approved the revisions to the San Francisco General Hospital Medical Staff Bylaws - Accompanying Manuals:

1) Rules and Regulations
2) Credentialing Procedure Manual
3) Committee Manual

Dr. Villarreal thanked the Commission for its support and for being there to listen to the concerns of the Medical Staff.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (3)

CONTRACTORS' COMPLIANCE WITH ANTI-DISCRIMINATION PROTECTIONS AND CULTURAL COMPETENCY

Non-Discrimination

A discrimination-free environment is critical to the provision of effective services to San Francisco's diverse populations. Moreover, federal, state and local laws prohibit the Department of Public Health from contracting with agencies that engage in discrimination.

The Department of Public Health shall require all contractors to be in compliance with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to Chapter 12B of the San Francisco Administrative Code. Chapter 12B prohibits discrimination in employment, housing and public accommodations, such as provision of services, on the basis of the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, disability, or AIDS/HIV. Specifically, all contractors:

1. Shall adopt a non-discrimination policy prohibiting discrimination in employment, housing if applicable, and the provision of services on the basis of the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, disability, or AIDS/HIV. The policy must state whom to contact in instances of possible discrimination.
2. Shall distribute the non-discrimination policy to all staff annually. In addition, the policy should be given to all clients or posted in an area visible to clients.
3. Shall provide a fair and expeditious process for the resolution of client grievances.
4. Shall provide an annual report to the Department of Public Health on the resolution of client grievances.
5. Shall prepare an annual equal employment opportunity (EEO) report that compares the ethnicity and gender of the contractor's staff to the relevant workforce. The report is to be presented to the governing body of the contractor. The governing body shall issue a finding that the staff composition is or is not consistent with the relevant workforce; if the staff composition is not consistent with the relevant workforce, the governing body will determine whether the discrepancy is a result of discrimination, and if so, will develop a plan to redress the situation. The EEO report and the governing body's action will be reported to the Department of Public Health.
6. Shall prepare a report for the governing body detailing the ethnicity and gender of the governing body. The governing body shall issue a finding that the governing body composition is or is not consistent with the mission of the organization; if the governing body composition is not consistent with the mission of the organization, the governing body will develop a plan to address the discrepancy. The report on the gender and ethnicity composition of the governing body and the governing body's action will be reported to the Department of Public Health.

Demonstration of Cultural Competence

The San Francisco Department of Public Health is committed to developing and maintaining health services that are culturally competent, consumer-guided and community-based. Cultural competence is an essential requirement for health care providers to provide effective services to a diverse population. To ensure that San Francisco residents of all backgrounds receive appropriate services, the Department of Public Health requires contractors providing direct services to demonstrate their ability to provide culturally competent services. In addition, agencies funded by the Department of Public Health to provide direct services are expected to have in place policies and procedures designed to ensure the provision of culturally competent services at all levels of the organization.

Accordingly, all renewal contracts for direct services shall include an annual cultural competency plan and an annual evaluation process of the cultural competency plan. The annual cultural competency plan shall address the agency's ability to provide services to the diverse ethnic, linguistic, sexual or cultural populations served under the contract, including:

1. Experience with providing services to the diverse ethnic, linguistic, sexual or cultural population served under the contract;
2. Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally appropriate services; contractors must include a list of cultural competency trainings that will be conducted in the upcoming year and the methodology that will be used to evaluate these trainings;
3. Specific outcome measures, qualitative and quantitative, that will be used during the upcoming year to assess whether services are culturally competent; at least one of the outcome measures must be satisfaction of clients with the services;
4. Description of the contractor's process to ensure the involvement of diverse populations, including clients, in the design, provision and evaluation of culturally competent services;
5. Description of collaboration efforts with other programs in the continuum of care which serve ethnic and cultural specific populations;
6. Identification and proposed remedy of potential barriers that may limit the ability of the agency to provide appropriate services.

The Department will assess and monitor the contractor's annual evaluation of its own cultural competence plan. The contractor's evaluation must include:

1. A list of trainings that were performed in the prior year, the number of staff who attended, and their evaluation of those trainings.
2. How members of diverse populations, including clients, were included in the design, provision and evaluation of culturally appropriate services.
3. The results of the qualitative and quantitative measures that were used to measure cultural competency.

4. Discussion of how evaluation results and outcome measures will be included in the following year's cultural competency plan for the agency, and what specific steps will be taken to address issues raised by the evaluation plan or failure to meet outcome measures.

The Department of Public Health shall require every person or organization applying for a direct services contract to demonstrate an ability to deliver the services in a culturally competent manner. All Requests for Proposals (RFPs) must include a requirement that potential contractors demonstrate an ability to provide culturally competent services. Contractors shall describe:

1. Their previous experience with providing services to the diverse ethnic, linguistic, sexual or cultural population to be served;
2. The current ability of the agency's staff, volunteers, and Board to provide the specific services solicited to the diverse ethnic, linguistic, sexual or cultural population to be served; and
3. The specific outcome measures, qualitative and quantitative, that demonstrate that the program provides culturally competent services.

Not all of the cultural competency criteria above will be applicable to all contractors, depending on the populations served, the services provided, and the size of the contract. The Department will apply the criteria in a reasonable way.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 9-99

AMENDING THE DEPARTMENT OF PUBLIC HEALTH'S POLICY DIRECTIVE #24, ETHNICITY AND GENDER OF STAFF AND BOARD OF DIRECTORS; AND RENAMING THE POLICY TO: CONTRACTORS' COMPLIANCE WITH ANTIDISCRIMINATION PROTECTIONS AND CULTURAL COMPETENCY

WHEREAS the Health Commission passed a number of policies in 1988 to govern the contracts of the Department of Public Health; and,

WHEREAS the Health Commission periodically reviews and updates individual policies; and,

WHEREAS a discrimination-free environment is critical to the provision of effective services to San Francisco's diverse populations; and,

WHEREAS Federal, State and local laws prohibit the Department of Public Health from contracting with agencies that engage in discrimination; and,

WHEREAS cultural competence is an essential requirement for health care providers to provide effective services to a diverse population; and,

WHEREAS the Department of Public Health is committed to developing and maintaining health services that are culturally competent, consumer-guided and community-based; and,

WHEREAS the Department of Public Health's Policy #24, Ethnicity and Gender of Staff and Board of Directors, has been affected by changes in Federal, State and local laws; and,

WHEREAS the staff of the Department of Public Health, in consultation with the City Attorney's Office, has drafted an amendment of Policy #24 to include qualitative and quantitative measures for cultural competency and to ensure compliance with non-discrimination laws; now, therefore, be it,

RESOLVED that the Health Commission adopts the proposed amendment to Policy #24, renaming it Contractors' Compliance With Antidiscrimination Protections and Cultural Competency; and, be it

FURTHER RESOLVED that the Department of Public Health is directed to monitor compliance with the policy on Contractors' Compliance With Antidiscrimination Protections and Cultural Competency; and, be it

FURTHER RESOLVED that the Department report back to the Health Commission on progress in implementing the revised policy, the impact of the new policy, and any other proposed revisions that may be needed to assure culturally competent services and compliance with the non-discrimination laws.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 16, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

I. Overview

Introduction
This report on the Community Substance Abuse Services system of treatment modalities is presented in six (6) sections:

- Organization
- Research
- Modalities
- Physician Prescribing of Methadone
- Budget
- Future and Emerging Issues

Organization
CSAS is an organization of 23 employees representing the broad ethnic diversity, gender and sexual orientation of the City and County of San Francisco.

Mission
To reduce the **HARM** associated with alcohol or drug use in San Francisco. To fulfill its mission, CSAS performs the following functions:

Identifies the scope of Alcohol and Other Drug problems through an inclusive process of:

» Data collection
» Standardized Assessment
» Evaluation

Develops priorities, policies, plans, and promotes services which are responsive to community needs.

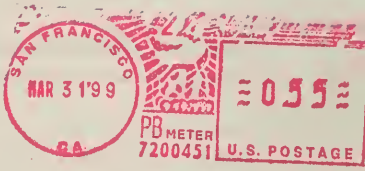
Provides access to a comprehensive array of quality, culturally competent, and cost-effective Alcohol and other Drug prevention, treatment, and outreach and education programs.

Guiding Principles
In providing these services, CSAS is guided by the following principles:

» Integrating the service delivery system
» Offering client focused services
» Responding to community needs
» Maintaining a commitment to Cultural Competency
» Promoting a range of services from Harm Reduction to Abstinence
» Ensuring equal access

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

3/23/99
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Agenda

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

SPECIAL HEALTH COMMISSION MEETING

Tuesday, March 23, 1999
3:30 p.m.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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1) **CALL TO ORDER**

1) **STATUS REPORT ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1998-99**

3) **PUBLIC COMMENTS***

NOTE: THERE ARE NO NEW PROPOSED SERVICE REDUCTIONS IN THE DEPARTMENT OF PUBLIC HEALTH FOR FY 1998-99

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, March 23, 1999
3:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:35 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) STATUS REPORT ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1998-99

Monique Zmuda, Chief Financial Officer, presented an overview of the Department's FY 1998-99 budget, (Attachment A), indicating a projected $19.6 million deficit by year end, June 30, 1999.

Ms. Zmuda also reviewed supplementary financial information which included:

- First Quarter 1998-99 Report
- Second Quarter 1998-99 Report
- 7-Month 1998-99 Report
- Deficit Reduction Plan – November 1999
- Resolution Endorsing the Dept. of Public Health Plan to Reduce Deficit – November 1999
- Deficit Reduction Plan Update – November 1999

- Historical Comparison Capital Budgets 1994-95 through 1999-00
- Capital Budget Request 1999-00
- Approved Capital Budget 1998-99
- Capital Budget Request 1998-99
- Capital Budget Request 1997-98
- Statement of Revenues and Expenditures SFGH/PC/Forensics – 7-Month 1998-99
- Labor Spending Projection – SFGH – February 1999
- Statement of Revenues and Expenditures LHH – 7-Month Report 1998-99
- Summary of PHP Variances – 1998-99
- Statement of Revenues and Expenditures PHP – 7-Month Report

Public Speakers:

Note: Half of the public speakers gave testimony prior to the Department's presentation. The speakers addressed budget issues at SFGH, including the Pharmacy, the 4P Detox Ward, inpatient psychiatry programs, substance abuse, public health cuts, infrastructure cuts, less Federal and State revenues for health care, nationwide health care budget crisis, physical plant issues, and staffing issues.

Ken Gee, Asian Focus Unit at SFGH
Jo Ellen Brainin-Rodriguez, SFGH Psychiatry
Pamela Fisher, CAB, Dept. of Psychiatry
Maria Lieb, Chairperson of Mental Health Board
Cher Darice Brown, 6B Psychiatry at SFGH
Bruce Vasquez
Perri Franskoviak, Psychiatry
Dr. Lara Penny, SFIRA
Ed Kinchley, SEIU Local 790, SFGH
Jamie Noone, SFIRA
William C. Brady, President, Alliance to Empower the Latino Community
Enola D. Maxwell, Potrero Hill Neighborhood House
M.P.R. Howard, Tom Waddell Community Advisory Board
Dean Shillinger, M.D., SFGH Adult Medical Clinic
Steven Batki, M.D., SFGH
Kate Bemrer, M.D., SFGH Psychiatry Emergency
Robert Halvorsen, M.D.
Sherri Ann Swift
Jacqueline von Brentano
Michael Lyon
Jeff Wong, Pharmacy
Fern Ebeling, SFGH Medical Clinic
Lewis Robinson, SFGH Internal Medicine
Martha H. Dominguez, SFGH
Nora Roman, S.F. Immigrant Health Action Network
Pat Smiley, District Advisory Council, Senior Central
Hali Hammer, SFGH Family Health Center

The medical staff leadership:

Melissa Welch, M.D., Chief Medical Officer of the CHN
Bob Okin, M.D., Interim Chairman of the CHN Medical Practice Group
Phil Hopewell, M.D. Associate Dean of UCSF
Sylvia Villarreal, M.D., SFGH Chief of Staff

Note: A copy of Dr. Okin's presentation is available in the Commission Office.

Chiefs of Services:

Alan Gelb, M.D., SFGH Emergency Department
Philip Darney, M.D., SFGH Obstetrics and Gynecology
Guy D. Paiemont, M.D., SFGH Orthopedics

President Monfredini, noting that the Department will be in this budget crisis again within the next six months, directed the Department to come back to the Commission with plans (two or more) and figures reflecting a Public Health Department in the new world of less revenues.

Dr. Mitch Katz, Director of Health, thanked the public speakers for their testimony. He pointed out that the Department and the Commission had made conscious decisions to choose services over infrastructure. He will continue to provide information to the Commission on the status of the budget and will continue to work on administrative cuts. He will bring back to the Commission on April 20th specific long term plan proposals.

Commissioners' Comments:

Commissioner Sanchez thanked the public speakers who raised quality of care, one single standard of care, and safety net issues. It is important to hear from the patients, staff, and medical staff.

Commissioner Guy expressed her appreciation for the staff work. She believes the conditions of health care today need to be turned around. However, we cannot be defensive but need to go to the public with the cost information. She believes the general fund has to help. She encouraged the Department to indicate what kind of health care system do we want in this new world. What are the best health practices in this environment and ask the public officials and the voters for the funds.

Commissioner Umekubo stated that the Commission shares the same level of concern as the patients and the providers – we are all in this together. With the revenue shortfalls, there is a need for more Federal and State advocacy.

Commissioner Parker strongly urged that we stop doing business as usual, do something different, and come up with a long range plan. The patients are sicker, reimbursements have decreased, and more emphasis on prevention is needed. The Commission, public officials, the Department, and consumers need to work together to address this crisis.

Commissioner Hill expressed his appreciation for the input and moving testimonials today. He has been trying to advocate for a long term plan which would take care of the most vulnerable populations in conjunction with the political realities. We cannot compromise our values but need to seek out more funds.

Commissioner Chow expressed appreciation to the speakers and dedicated staff. These issues are not new to the Commission. We need to look at the new reality of public health; to look at the size not based on demand; to come up with creative solutions. The Commission is responsible to set an agenda for public health in the City and County of San Francisco.

The Commission directed the Department to bring two or more plans, looking at a minimum and maximum levels of care with their costs and impact on services; to look at the real census at SFGH with factual costs; and to prioritize services with their costs.

The meeting was adjourned at 6:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

MEMORANDUM

Date: March 23, 1999

To: President Lee Ann Monfredini
and Honorable Members of the Health Commission

Through: Mitchell Katz, M.D.
Director of Health

From: Monique Zmuda
Chief Financial Officer

Subject: Status Report on FY 98-99 Budget

The Department of Public Health is currently projecting a shortfall of $19.6 million by year-end June 30, 1999. This assumes additional City General Funds included in a request for a supplemental appropriation to offset $5.8 million in revenue losses for Laguna Honda Hospital. This supplemental appropriation for Laguna Honda Hospital was approved by the Health Commission on March 2, 1999.

This shortfall is significantly larger than previously anticipated despite an aggressive reduction plan that was presented to the Health Commission at its meeting in November. The anticipated level of savings has not been achieved primarily as a result of: 1) continued high patient census at San Francisco General Hospital, 2) increased costs for outpatient pharmacy, radiology, laboratory, and admitting at San Francisco General Hospital, 3) significantly higher than budgeted workers' compensation expense, and 4) increased expenditures at Mission Rock Shelter associated with the City's no-turnaway policy.

The Mayor has made a commitment to help the Department of Public Health balance its budget without service reductions. The Mayor has instructed Department staff to work with his office to confirm revenue and expenditure estimates and to identify available sources of funds that will maintain services at the current level. Staff will work with the Mayor's Office to prepare a request later this spring for a supplemental appropriation for the current fiscal year.

While most of the projected shortfall will be offset by additional sources of funds, some expenditure savings beyond that currently projected will be necessary. This is in addition

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to a number of measures that have been implemented Department-wide. A discussion of these cost savings measures is contained in this report.

FY 98-99 Revenue and Expense Projections

The Department is projecting a shortfall of $19.6 million for FY 98-99 based on estimated expenditures and revenues for the seven month period ending January 31, 1999. This shortfall assumes additional General Funds anticipated as a supplemental appropriation to offset $5.8 million in revenue losses for Laguna Honda Hospital.

Projected FY 98-99 Year-End Surplus/(Deficit)

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$ 454,293,148	$ 433,358,593	$ (20,934,555)	$ 454,293,148	$ 457,366,911	$ (3,073,763)	$ (24,008,318)
Laguna Honda	121,942,175	114,493,018	(7,449,157)	121,942,175	120,303,018	1,639,157	(5,810,000)
Primary Care	40,133,426	38,354,544	(1,778,882)	40,133,426	37,518,025	2,615,401	836,519
Forensics	21,406,779	21,408,779	2,000	21,406,779	21,408,779	(2,000)	0
Subtotal	637,775,528	607,614,934	(30,160,594)	637,775,528	636,596,733	1,178,795	(28,981,799)
Population Health & Prevention							
Central Admin	19,150,335	19,170,305	19,970	19,150,335	18,699,744	450,591	470,561
Community Health	56,676,697	56,482,121	(194,576)	56,676,697	55,314,941	1,361,756	1,167,180
Mental Health	155,374,084	149,974,084	(5,400,000)	155,374,084	149,317,433	6,056,651	656,651
Substance Abuse	48,902,722	49,402,722	500,000	48,902,722	48,110,906	791,816	1,291,816
Subtotal	280,103,838	275,029,232	(5,074,606)	280,103,838	271,443,024	8,660,814	3,586,208
Subtotal DPH	917,879,366	882,644,166	(35,235,200)	917,879,366	908,039,757	9,839,609	(25,395,591)
LHH Supplemental	0	5,810,000	5,810,000	0	0	0	5,810,000
Total DPH	917,879,366	888,454,166	(29,425,200)	917,879,366	908,039,757	9,839,609	(19,585,591)

Revenues, including the $5.8 million in additional General Funds for Laguna Honda Hospital, are projected to be $29.4 million below budget. This revenue shortfall is primarily due to reduced revenues in the Community Health Network. Revenues for Population Health and Prevention are projected to be below budget. However, revenue shortfalls, which are primarily due to the late start up of mental health programs, will be offset by equivalent expenditure savings.

Expenditures are projected to be $9.8 million below budget. This is significantly less than the $21.2 million previously estimated. Expenditure projections include a number of measures that have been instituted department-wide to reduce the projected fiscal year deficit. These measures include:

- a department-wide hiring freeze of all non-essential positions that was instituted in late October 1998;
- deferred capital and reduction of expenditures carried forward from last fiscal year;
- one time Medi-Cal cost report settlements; and
- limitations on services in the outpatient pharmacy at San Francisco General Hospital approved by the Health Commission at its February 16th meeting.

Pursuant to the Mayor's directive, no service reductions will be proposed to reduce expenditures. However, additional cost savings from administrative and non-service related expenditures will be necessary to offset a portion of the shortfall.

Department staff will continue to identify non-critical positions to freeze and expenditures to forego or defer until next fiscal year. Additional cost savings will be achieved by administrative reductions that will eliminate non-essential telephone services and materials & supplies expenses. Over 50 vacant positions have identified for deletion from next year's budget. Department staff will review this list and propose approximately 50 additional, non-essential position deletions this fiscal year. Staff will also review expenditures to determine if alternative sources of funding, such as grants or work orders are available to offset the General Fund.

COMMUNITY HEALTH NETWORK

Current projections show a year-end shortfall of $23.2 million assuming approval of $5.8 million in additional General Funds for Laguna Honda Hospital. Revenues are projected to be $24.4 million below budget offset by expenditure savings of $1.2 million.

Most of the projected savings for the Community Health Network that was included in the reduction plan presented to the Health Commission in November have not been achieved. The savings target included in the reduction plan was $16.6 million for the Community Health Network. The CHN reported a $28.9 million shortfall in the second quarter report to the City Controller. Including the savings target, the net shortfall was $12.3 million.

Current projections show a $23.2 million shortfall. None of the personnel savings included in the reduction plan have been achieved. High patient census at San Francisco General Hospital has resulted in increased personnel expenditures. Instead of a personnel savings previously anticipated, personnel expenditures are expected to be over budget. This is primarily due to increased expenditures for overtime, per diem and registry personnel required to staff additional patient beds.

Similarly, savings previously anticipated from materials & supplies and equipment for San Francisco General Hospital will not be achieved primarily due to high patient census. All of the savings from capital, marketing expenses and expenditures carried forward

from prior year are expected to be achieved. No savings from deferral of the opening of the med/psych unit at San Francisco General Hospital will be achieved.

Also contributing to the lower than expected savings for the Community Health Network, are increased expenditures for outpatient pharmacy, radiology, laboratory, and admitting at San Francisco General Hospital. These expenditures are currently over budget. In addition, costs for the University of California contract and workers' compensation are also projected to be over budget.

The reduction plan also included additional, unbudgeted revenues for the Community Health Network. Some of these additional revenue increases included in the reduction plan will be achieved. Increased revenue from Realignment and favorable cost report settlements are expected to be achieved by year-end. These additional revenues will partially offset revenue shortfalls. Additional revenue from renegotiated Medi-Cal rates and increases in FQHC will not be fully realized this year. Department staff are currently negotiating increased reimbursement rates but a final determination is not expected this fiscal year.

- ***San Francisco General Hospital:*** Current projections show a year-end shortfall of $24.0 million. Revenues are projected to be $20.9 million under budget due to:
  - lower than expected reimbursement for acute psychiatric services (-$2.8 million);
  - lower than expected Prop 99/Tobacco revenues (-$0.9 million);
  - significantly lower than expected net patient revenue primarily due to reduced Medi-Cal & Medicare reimbursement and increased disallowances (-$26.8 million); and
  - other miscellaneous revenues (-$0.8 million).

  These revenue reductions are offset by increases in revenue due to:
  - additional Realignment revenue ($3.1 million); and
  - additional revenues from prior year settlements including the $1.5 million assumed in the reduction plan ($4.2 million).

  Expenditures are projected to be over budget by $3.1 million primarily due to increased personnel expenditures associated with high patient census and additional, unbudgeted expenses discussed above.

- *Laguna Honda Hospital:* Current projections show no year-end surplus or deficit, assuming approval of $5.8 million in General Funds. A net revenue deficit of $1.6 million is projected primarily due to reduced Medi-Cal and Medicare revenues offset by a surplus in patient revenues.

  Expenditures are projected to be $1.6 million under budget. Expenditure savings is from personnel and deferred capital and equipment purchases. Expenditure savings is

offset by increased expenses for facility planning and other improvements to comply with the Plan of Correction.

- ***Primary Care:*** Current projections show a year-end surplus of $0.8 million. Revenues are projected to be $1.8 million under budget due to reduced Medi-Cal FQHC revenue. Expenditures are projected to be under budget by $2.6 million primarily due to savings in personnel expenses and deferred capital of $1.5 million.

- ***Forensics:*** Current projections show no year-end surplus or deficit.

POPULATION HEALTH AND PREVENTION

Current projections show a year-end surplus of $3.6 million. Revenues are projected to be $5.1 million below budget offset by expenditure savings of $8.7 million.

Some of the $4.6 million projected savings for Population Health and Prevention that was included in the reduction plan presented to the Health Commission in November have been achieved. Population Health and Prevention reported a $2.5 million surplus in the second quarter. Adding the additional $4.6 million saving target produced a net surplus target of $7.1 million for the division.

Current projections show a $3.6 million surplus for the Division. Some of the personnel savings and all of the capital savings included in the reduction plan have been achieved. Approximately $1.0 million in salary savings has been achieved. Of this amount, approximately half is a result of normal attrition. The other half is savings to the General Fund for personnel transferred to vacant grant funded positions.

Unfortunately, targeted savings from contractual services and expenses carried forward from the prior year have not been achieved. Reductions in these two expense categories were the bulk of the savings targeted for the division. Consequently, targeted savings are lower than anticipated. In addition, expenditures for the Mission Rock Shelter have significantly exceed the current year appropriation. These additional costs have contributed to the lower than expected savings for the division.

- ***Central Administration:*** Current projections show a year-end surplus of $0.5 million. Revenues are projected to be slightly over budget ($19,970) due to additional Medi-Cal revenues included in the reduction plan. Also assumed in revenue estimates is $0.5 million in State Take Back payment deferred until next fiscal year.

  Expenditures are projected to be under budget by $0.5 million primarily due to savings in contractual services and other expenses offset by a deficit in salary and fringe benefit expenditures.

- *Community Health:* Current projections show a year-end surplus of $1.2 million. Revenues are projected to be $0.2 million under budget due to lower than expected fee revenues in BEHM offset by additional revenues from the TB clinic. Expenditures are projected to be under budget by $1.4 million due to savings in salary and fringe benefit expense and contractual services.

- *Mental Health:* Current projections show a year-end surplus of $0.7 million. Revenues are projected to be $5.4 million below budget due to:
  - lower than expected reimbursement from Short-Doyle Medi-Cal for acute psychiatric services at SFGH (-$2.8 million) and for the EPSDT program (-$0.5 million). Both of these revenue shortfalls will be offset by an equal amount of expenditure savings;
  - delays in opening the adolescent Mental Health Rehabilitation Facility (-$1.5 million). This revenue loss will be offset by expenditure savings;
  - lower than expected Medicare reimbursement (-$0.9 million); and
  - additional miscellaneous revenues for retroactive payments for prior year cost report settlements ($0.3 million).

  Expenditures are projected to be under budget by $6.1 million primarily associated with reduced revenues discussed above and a small surplus in salary and fringe benefit expense.

- *Substance Abuse*: Current projections show a year-end surplus of $1.3 million. Revenues are projected to be $0.5 million over budget due to higher than expected revenues based on actual revenues received to date and retroactive payment of prior year cost settlements. Expenditures are projected to be under budget by $0.8 million primarily due to savings in contractual services associated with the late start up of new services.

Impact of Shortfall

As a result of the projected shortfall in the current fiscal year, a number of measures already have been implemented to reduce expenditures and increase revenues. Measures to reduce expenditures include the deferral of non-essential expenditures. In addition, any available surplus in the Department is being applied to offset the shortfall.

In Population Health and Prevention, a $3.2 million surplus will be used to offset projected shortfalls in the Community Health Network. This surplus in Population Health and Prevention is primarily due to the late start up of new programs in mental health and substance abuse.

Similarly, a significant amount of capital expenditures, primarily in the Community Health Network, have been deferred this fiscal year to offset projected shortfalls. All but $0.1 million of the $1.6 million in capital expenditures in Primary Care are deferred.

A significant amount of capital expenditures at Laguna Honda Hospital have also been deferred. At Laguna Honda Hospital, $1.1 million of the $3.1 million in capital expenditures are deferred. These savings will come primarily from the roof replacement project that will be phased in over several years instead of completed this year. In addition, some capital savings are due to reductions in expenditures for the psychiatric cohort unit.

At San Francisco General Hospital, the opening of the new med/psych unit has been deferred. This was planned to be a 32-bed unit that would provide a multi-disciplinary approach to treating acute medical/psychiatric diagnoses. Funding for this unit was included in a supplemental appropriation approved at the end of last fiscal year. Opening of this new unit has been deferred as a result of shortfalls in the Community Health Network.

Status of Services That Have Been Implemented

A number of services and programs have been implemented in the current fiscal year, despite the projected shortfall. New funding for these services is included in the current year budget. These services include:

- Continued expansion of substance abuse treatment on demand and new substance abuse treatment services in the Community Health Network;
- Implementation of the initial phases of equal access to mental health services;
- Additional substance abuse treatment and mental health care to clients of the Department of Human Services enrolled the CALWORKS and PAES (welfare to work) programs;
- Start up of direct access to housing program that will provide housing services at the Pacific Bay Inn and Windsor Hotel;
- Scheduled opening of a new unit at Laguna Honda Hospital for complex med/psych/geropsych patients on May 3, 1999;
- Opening of the urgent care clinic at San Francisco General Hospital;
- Additional funding in Population Health and Prevention for AIDS programs, services in Bayview Hunters Point, rodent control, gambling treatment, local clean up oversight for contaminated sites, California Children's Services, and enhancements to records and statistics services;
- Opening of a teen clinic in Balboa High School and medical services in the juvenile assessment center;
- Additional family planning services and enhancements in public health nursing referrals and billing in Primary Care; and
- Implementation of an Emergency Department High User Program at San Francisco General Hospital.

Summary

While a number of measures have already been implemented to reduce the projected shortfall, Department staff will continue to identify additional non-service related cost savings. Staff will continue to monitor and review revenue and expenditure projections on a monthly basis. Revised revenue and expense projections based on eight months of data will be presented to the Health Commission next month. These projections will also be provided to the Controller in preparation of the City's nine month report.

In addition, Department staff will work with the Mayor's Office to review revenue and expenditure projections, to identify alternative sources of funds within the Department of Public Health and within the City, and to develop a request for an additional supplemental appropriation for this fiscal year. This supplemental appropriation request will be presented to the Health Commission for its approval.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

1/99

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

April 6, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 16, 1999, AND THE SPECIAL MEETING OF MARCH 23, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH-Central Administration** – Request for approval of continuing modification to extend current DPH contracts on a month-to-month basis until December 31, 1999, or until the 1999-2000 Renewal Contract is certified, whichever comes first.

(3.2) **DPH-Central Administration** – Request for approval to release $86,950 held in reserve by the Board of Supervisors for building improvements for the CMED Building, which is the headquarters for the Community Health Network.

(3.3) **DPH-Central Administration** – Request for approval of a resolution to convert home health contracts to services provided by Department of Public Health Civil Service Health at Home employees.

(3.4) **PHP-CHSS-EMSA** – Request for approval of a combined request to accept and expend a new three-year grant from the State Office of Traffic Safety in the amount of $500,000, to establish a

comprehensive child passenger safety program and a retroactive sole source contract with Bianchi Traffic Safety Services, in the amount of $4,200 for the period of February 1, 1999 through September 30, 2001.

(3.5) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Westside Community Mental Health (WCMH), in the amount of $130,812 per year, for the provision of HIV prevention and general education services, for the period of July 1, 1998 through June 30, 1999. (DPH contracted with WCMH for services totaling $13,065,830 during FY 1997-98).

(3.6) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $71,188, for the provision of HIV prevention, venue-based, group outreach for the period of July 1, 1998 through June 30, 1999. (DPH contracted with Instituto for services totaling $2,522,404 during FY 1997-98).

(3.7) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Asian & Pacific Islander Wellness Center (API), in the amount of $471,653, for the provision of HIV prevention services targeting behavioral risk populations, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with API for services totaling $852,025 during FY 1997-98).

(3.8) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Polaris Research and Development, Inc., in the amount of $266,947, to provide logistical and technical support to the HIV Prevention Planning Council for the continued development of a strategic HIV prevention plan, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with Polaris for services totaling $857,579 during FY 1997-98).

(3.9) **CMHS** - Request for approval of retroactive modification to the contract with New Leaf Services for our Community to: 1) continue the provision of outpatient substance abuse methamphetamine treatment on demand services, as awarded through RFP #019-98, in the amount of $136,663 for the period of January 1, 1999 through June 30, 1999; and 2) replace Ryan White/CARE funds with mental health Short-Doyle/Medi-Cal match funds to continue the provision of outpatient HIV/mental health services for the period of March 1, 1999 through June 30, 1999 (annual amount of $371,465 to continue both services). (DPH contracted with New Leaf for services totaling $1,347,911 during FY 1997-98).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **CONSIDERATION OF A RESOLUTION HONORING THE CONTRIBUTION OF THE ADVISORY GROUPS TO THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH IN CELEBRATION OF PUBLIC HEALTH WEEK, APRIL 5-9, 1999**

6) **CONSIDERATION OF A RESOLUTION PROCLAIMING THE MONTH OF APRIL AS SEXUALLY TRANSMITTED DISEASE AWARENESS MONTH**

7) **CONSIDERATION OF A RESOLUTION REVISING THE FEDERAL FACILITIES REFUSE COLLECTION PERMIT REGULATION TO HARMONIZE IT WITH THE REFUSE COLLECTION PERMIT REGULATION FOR NON-FEDERAL FACILITIES AT TREASURE ISLAND AND YERBA BUENA ISLAND**

8) CONSIDERATION OF A RESOLUTION APPROVING ORDINANCE AMENDMENTS TO ARTICLES 21, 21A, AND 22 OF THE HEALTH CODE, CONTAINING FEE INCREASES FOR BUSINESSES REGULATED UNDER THE HAZARDOUS MATERIALS UNIFIED PROGRAM AGENCY (HMUPA)

9) CONSIDERATION OF PROPOSED REVISIONS TO THE BYLAWS OF THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF; AND CONSIDERATION OF PROPOSED REVISIONS TO THE CLINICAL SERVICE RULES AND REGULATIONS AND PRIVILEGE SHEETS:

(1) Neurology
(2) Radiology Revised
(3) Ob/Gyn
(4) Community Primary Care
(5) Emergency Department

10) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

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Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, April 6, 1999
3:30 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 16, 19999 AND THE SPECIAL MEETING OF MARCH 23, 1999

Action Taken: The Commission unanimously adopted the minutes of the regular meeting of March 16 and the Special Meeting of March 23, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David Sanchez, Jr., Ph.D.)

(3.1) **DPH-Central Administration** – Request for approval of continuing modification to extend current DPH contracts on a month-to-month basis until December 31, 1999, or until the 1999-2000 Renewal Contract is certified, whichever comes first.

(3.2) **DPH-Central Administration** – Request for approval to release $86,950 held in reserve by the Board of Supervisors for building improvements for the CMED Building, which is the headquarters for the Community Health Network.

(3.3) **DPH-Central Administration** – Request for approval of a resolution to convert home health contracts to services provided by Department of Public Health Civil Service Health at Home employees.

Commissioner Sanchez requested final documents to be included in the Commission packets. The Commission adopted Resolution #10-99, "Authorizing the Department of Public Health to Expend Funds and Add Staff Resources to Replace Grant Funded Home Health Contractual Services with Services Provided by City Staff," (Attachment A).

(3.4) **PHP-CHSS-EMSA** – Request for approval of a combined request to accept and expend a new three-year grant from the State Office of Traffic Safety in the amount of $500,000, to establish a comprehensive child passenger safety program and a retroactive sole source contract with Bianchi Traffic Safety Services, in the amount of $4,200 for the period of February 1, 1999 through September 30, 2001.

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Dr. Meredith introduced Michael Demayo, Director of HIV Prevention Services.

(3.9) **CMHS** - Request for approval of retroactive modification to the contract with New Leaf Services for our Community to: 1) continue the provision of outpatient substance abuse methamphetamine treatment on demand services, as awarded through RFP #019-98, in the amount of $136,663 for the period of January 1, 1999 through June 30, 1999; and 2) replace Ryan White/CARE funds with mental health Short-Doyle/Medi-Cal match funds to continue the provision of outpatient HIV/mental health services for the period of March 1, 1999 through June 30, 1999 (annual amount of $371,465 to continue both services). (DPH contracted with New Leaf for services totaling $1,347,911 during FY 1997-98).

After much discussion on the pending Human Rights Commission report process, the Commission continued this item until the completion of the Human Rights Commission report process.

Action Taken: The Commission approved items #3.1 through #3.8. Item #3.9 will be continued to a future meeting after the Human Rights Commission has completed its report process on New Leaf.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Health Department Transitions

As I know, many of you have heard Robert Prentice, Ph.D. will be leaving the Health Department on April 21st. I am very grateful to Bob for the many things that he has accomplished during his time in the Health Department and I know you will join me in wishing him the very best in the future.

At this time I am pleased to announce that Barbara Garcia, has agreed to serve as the Deputy Director for Population Health & Prevention. Barbara has been with the San Francisco Health Department for three years. Barbara served as Associate Administrator for AIDS at HHS-SAMHSA prior to her tenure with DPH and she brings a breadth of knowledge about the workings of federal government. She came to the Department to run homeless programs and was then promoted to be the Director of Community Substance Abuse Services. In that role she has brought significant progress towards our goal of treatment on demand while increasing the cultural competency of substance abuse services. During this time she has also managed the Mission Rock Shelter, which is the City's largest shelter for homeless persons and has played a critical role in the Health Department's response to several emergencies. I am certain that Barbara will do a superb job as the Director of Population Health & Prevention and I ask you to give her your full support.

I would also like to take this opportunity to formally appoint James Loyce, Jr., currently Director of the Office of Integrated Care, to the position of Deputy Director of the Department of Public Health. In this role I have asked him to work closely with Barbara Garcia and Anthony Wagner, Director for the Community Health Network (CHN), to develop a strategic plan for the Health Department.

In particular I am interested in our looking at how we can better integrate the Department as a single department. The creation of two separate functional units, the CHN and Population Health and Prevention, has been successful in a number of ways. In particular, the CHN now truly functions as a network. There is close cooperation between San Francisco General Hospital, Laguna Honda Hospital, and the primary care clinics. This cooperation has improved the quality of services and increased the efficiency of delivering them. In a similar way the creation of the Population Health and Prevention Division has served to integrate functions in community health services. By locating substance treatment, mental health, HIV services, maternal child health services, and housing in one functional unit, our client services have become more integrated. However, at times, having two separate divisions has distanced our community-based services from the services of the network. Although the energy and creativity of our managers in our two divisions has been somewhat successful in overcoming the organizational barriers, I, nonetheless think we should look at ways to bring our two divisions more closely together as one department.

The strategic planning process, convened by James Loyce, Jr., will look at these questions and will bring recommendations to the Health Commission on the best model for achieving this integration.

On an interim basis I am very pleased to announce that James Stillwell has agreed to serve as the Interim Director for Community Substance Abuse Services. Jim has been with the Health Department for seven years. In his current position as Fiscal Director for CSAS, he has been

responsible for the oversight and development of the treatment on demand budget. He is well respected in the field and brings many talents to the position. We will conduct an open search for choosing the permanent Director for Community Substance Abuse Services.

Transition times are always difficult and I ask for your continued support in helping to make this transition as smooth as possible.

1999 Beverlee A. Myers Excellence in Public Health Award

I am pleased to announce that the former Director of Health, Dr. Sandra R. Hernández, was awarded yesterday the 1999 Beverlee A. Myers Excellence in Public Health Award. This award is given annually by the State Department of Health Services to recognize individuals who have exhibited outstanding leadership and accomplishments in public health in the State and nationwide. The program was established in 1993 to honor Ms. Myers, who was the Director of the State Department of Health Services from 1978 to 1983. I believe that all members of the Health Commission are familiar with Dr. Hernández's accomplishments and join me in congratulating her on this well-deserved recognition.

California Healthy Families Program

The Department continues to work on efforts to extend enrollment in the Healthy Families Program. As of March 1999, 3,806 children had been enrolled into the program. As part of the San Francisco Bringing Healthy Kids Coalition, the Department and others have developed materials to inform the community about Healthy Families. The Coalition is working with the San Francisco Unified District to distribute a health insurance flyer, which describes Healthy Families, Medi-Cal and the Kaiser Cares for Kids Program.

In addition, we have developed a community listing of all Healthy Families application assistors by neighborhood. As part of the coalition effort, we are working with community-based agencies in the Mission, Bayview Hunter's Point and Chinatown/Tenderloin areas to expand Medi-Cal and Healthy Families enrollment. San Francisco has received two grants to expand Medi-Cal and Healthy Families enrollment.

Based on long-standing concerns, the State has streamlined the Healthy Families application down to four pages. It is hoped that this simplified application will make it easier for families to apply for the program. The Department shares community concern over the lack of improved enrollment within certain San Francisco communities. We strongly believe that localized outreach, involvement of community-based agencies and local government create more opportunities to reach populations that, for various reasons, may be disinclined to enroll in these programs. The Department of Public Health will continue to keep the Health Commission apprised of this program.

Take Your Daughter To Work Day

DPH will participate in the annual Take Your Daughter To Work Day celebration along with other City Departments. This important day provides the opportunity to expand the horizons of young girls and introduce them to a variety of careers and role models. The Department is welcoming the children of employees (sons and daughters) on Thursday, April 22nd.

POPULATION HEALTH AND PREVENTION

Disaster Registry for Seniors And Persons With Disabilities

The Emergency Medical Service Section will exercise the field response component of the Disaster Registry in a disaster exercise on Saturday, April 17th, from 9:00 a.m. to 2:00 p.m. The exercise involves personnel from the Auxiliary Communications Service, the EMS Section, Mayor's OES, NERT, and the Volunteer Center of San Francisco. Disaster Registry response units, comprised of

NERT team members, CBO staff, and volunteers from the Volunteer Center will assemble at designated locations in four Emergency Response Districts - Glen Park, Inner Richmond, South of Market, and the Haight-Ashbury. They will then "respond" to pre-determined locations, complete reports and participate in an after-action debriefing.

This is a milestone in the development of response capability, specifically for Disaster Registry enrollees. It is unique in that the response does not depend upon police, fire department, or ambulance personnel. Rather, it is comprised of CBO staff who work with the target populations on a regular basis, who will, in an emergency, collaborate with NERT members and volunteers and will, for purposes of this exercise, do a simulated check on Disaster Registry enrollees. Questions about the Disaster Registry program or the upcoming exercise can be directed to Ron Lopez at 554-9732.

Citywide Exercise

The Office of Emergency Services is now operating out of the newly constructed Combined Emergency Communications Center located at 1010 Turk Street. They are hosting their first orientation/exercise for command center staff this Friday, April 9th. I will participate in this orientation along with other DPH staff.

COMMUNITY HEALTH NETWORK

San Francisco General Hospital Pharmacy Update

The SFGH Pharmacy is continuing its ongoing initiatives to reduce its registry expenditures and to implement the resolution passed by the Health Commission at its February 16th meeting. On March 3, the Outpatient Satellite Pharmacy in Building 80-90 closed its operations and consolidated services in the Main Pharmacy. Medi-Cal and other sponsored patients were advised that they had the option to fill their prescriptions at outside pharmacies. On Monday, April 5, the Hospital implemented a collection process from patients with a Medi-Cal share of cost and for co-payments ($2.00/prescription up to a maximum of $10/visit) from patients without health insurance.

The Pharmacy and Patient Accounts departments worked closely together to develop procedures to facilitate the process. A Cashier's window was opened in the Main Hospital lobby to accept collections. Additional signs have been posted to help direct patients to the correct Pharmacy and Cashier windows. Patient information flyers in English, Spanish, Cantonese, Vietnamese and Russian have been developed, posted in the Main Lobby, and distributed to patients to assist them in the new procedure. The flyer also has a listing of community pharmacies for patients who have Medi-Cal or other coverage and wish to go elsewhere. Provider information was distributed and reviewed at various staff meetings. A provider education effort is planned for implementation over the next few weeks. The Hospital will review and evaluate the operations on a daily basis and make continuous efforts to improve the system. Pharmacy and Patient Accounting will address the needs of individual patients on a case by case basis.

On the first day of implementation, patient flow and operations went relatively smoothly. Due to the poor weather, overall Pharmacy volume was down, with approximately 1,200 prescriptions submitted versus 1500 daily average. Several insured patients elected to go elsewhere when informed of other community resources. Almost all patients who had a share of cost or co-pay did, in fact, make their payments. The Pharmacy collected $1,117.75. The Pharmacy and Patient Accounts departments are to be commended for their hard work and collaborative efforts.

Resignation of Dr. Maria Rivero

It is with regret that I announce the resignation of Dr. Maria Rivero as the Laguna Honda Hospital Medical Director, a position that she has served well in since May 1998. It is her wish to return to

her previous position as a Senior Physician Specialist serving the residents at LHH. Although this is a great loss to the CHN, we support her personal decision to retain her role as a clinician and are fortunate that she will continue as a member of the LHH medical staff. Her resignation will be effective June 14, 1999.

Laguna Honda Hospital Building Replacement
On March 24th, St. John's United Church of Christ and the San Francisco Organizing Project (SFOP) sponsored a meeting for the building replacement of LHH. The SFOP is a federation of 33 congregations and schools from neighborhoods, representing 40,000 families. The SFOP is a faith-based organization that believes that by putting faith into action, the quality of life for all families in San Francisco can be improved. The following quality of life issues regarding the LHH building replacement were raised during the meeting:

- Sufficient space should be included to create a sense of community and support social relationships.
- There should be safe convenient access for employees, visitors and residents.
- Green space should be maintained for neighbors and residents to enjoy.
- Community representation should be included in the planning process and input should be solicited to assure smooth construction.
- There should be teamwork between elected officials at the city, state and federal levels.

At the meeting, members posed questions of commitment to Mayor Brown, City Attorney Louise Renne and myself. We are solidly committed to supporting the above quality of life issues.

Trauma Center Director
Dr. Robert Mackersie, Trauma Center Director, who serves on the American College of Surgeons Committee on Trauma, was recently elected as Chair of the Association's National Committee on Trauma Education.

California Healthcare Interpreters Association
The California Healthcare Interpreters Association celebrated its second anniversary and recognized SFGH and CHN as a founding organization. Gloria Garci-Orme, RN, Director of Patient Referral and Assistance, Interpreters and Visitor Center serves on the organization's Board of Directors.

Laguna Honda Hospital
Bill Moyers, writer and host of many award-winning PBS series, will be coming to Laguna Honda Hospital Hospice to interview and film caregivers on April 13, 1999.

San Francisco General Hospital Clean Up Day
Saturday April 10 is "General Clean Up" day sponsored by Partners in Improving Care and Services (PICS). Campus Hospital Employees Activities Resource Services (CHEARS) will nourish the volunteers with pizza and soft drinks. All are invited to volunteer. Laguna Honda Hospital has organized a contingent to assist in the effort. This is truly a CHN family project. The time is 8:00 a.m. to noon. Meet in 2A6 and you will be assigned to a team led by a member of the Housekeeping staff.

Giselle Opening Night
Thanks to the generosity of Mr. and Mrs. F. Warren and Coleman Advocates,
13 CHN children and their families will get reserved seating at the San Francisco Ballet's opening night performance of Giselle on Thursday, April 18, 1999, at the War memorial Opera House.

Bath Houses

After urging from members of the public, President Monfredini requested a report from Dr. Katz on a community meeting regarding bath houses. He provided information on the discussions at the meeting.

Public Speakers:

Advocated to reopen the bath houses and relook at the regulations on sex clubs.

Steve Filandrinos
Stephen O. Murray, Ph.D.
Richard Cornwall
Lincoln Madison
Reed Condit

Mark Freeman advocated continued employment of Bob Prentice, Ph.D.
April Martin Chartrand, member of S.F. Mental Health Board, spoke about the long waiting lines at the SFGH Pharmacy.

Commissioners' Comments:

Commissioner Parker suggested there should be a rewording of "Take Your Daughter to Work Day" to "Take Your Child to Work Day". He also pointed out the importance of patient education on the pharmacy changes.

Commissioner Chow pointed out the possible misunderstanding among clinicians regarding the pharmacy policy. There should be accurate information given to all of the clinicians. The objective of the policy is not to deprive patients of their medication.

Commissioner Guy urged the Department to keep customer satisfaction in the forefront. She also encouraged the Department to solve the outreach problem in the Healthy Families Program. She would like a status report in the Director's Report or as an agenda item at a future Commission meeting. Additionally, she acknowledged the many years of leadership from Bob Prentice, Ph.D., and congratulated Jimmy Loyce and Barbara Garcia on their new positions.

Commissioner Chow commented on the importance of the continued integration within the Department.

Commissioner Sanchez would like a continuous assessment of the pharmacy issue based on patient population and patient outcomes.

5) CONSIDERATION OF A RESOLUTION HONORING THE CONTRIBUTION OF THE ADVISORY GROUPS TO THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH IN CELEBRATION OF PUBLIC HEALTH WEEK, APRIL 5-9, 1999

Dr. Katz acknowledged the following advisory groups to the Department:

Group
Adult Sexual Assault Services Planning Group
Airport Noise Committee
Black Infant Task Force

Bringing Up Healthy Kids Coalition
Castro Mission Health Center Advisory Board
Children's Mental Health Systems of Care Council
Chinatown Health Center Advisory Board
CHIPPS Council
City Wide Advisory Board
City Wide Alcoholism Advisory Committee
Come Into the Sun Coalition
Drug Abuse Advisory Board
EMS Clinical Advisory Committee
EMS Community Education Committee
EMS Field Provider Advisory Committee
EMS Receiving Hospital Liason Committee
EMS Research Committee
EMS Traffic Safety Coalition
Family Mosaic Advisory Board
Gay, Lesbian, Bisexual, Transgender, Queer and Questioning Substance Abuse Committee
HazMat Advisory Committee
Lead Hazard Reduction Citizen's Advisory Comm.
Lead Poisoning Prevention Citizen Adv. Committee
Maternal, Child, Adolescent Health Advisory Board
Maxine Hall Health Center Comm. Advisory Board
Medicaid 115 Waiver Planning Committee
Mental Health Board
Mental Health Leadership Workgroup
Mental Health Quality Policy Committee
Newcomer's Advisory Board
North of Market Senior Services Advisory Board
Ocean Park Health Center Advisory Board
Ocean Park Health Center Advisory Board
Potrero Hill Health Center Comm. Advisory Board
San Francisco Immunization Coalition
San Francisco Violence Prevention Committee
San Francisco's Promise
SF TB And Homelessness Task Force
SF Tobacco Free Coalition
South East Health Center Advisory Board
Special Programs for Youth Advisory Board
STD Community Action Coalition
STD Program Advisory Committee
STD Youth Community Action Coalition
Substance Abuse Epidemiology Adv. Committee
Substance Abuse Task Force
Substance Abuse Treatment on Demand Council
Tom Waddell Health Center Community Advisory Board

On behalf of the Commission, President Monfredini thanked the advisory groups for their volunteer work with the Department.

Action Taken: The Commission adopted Resolution #12-99, "Honoring the Contribution of the Advisory Groups to the San Francisco Department of Public Health Celebration of Public Health Week, April 5-9, 199", (Attachment B).

6) **CONSIDERATION OF A RESOLUTION PROCLAIMING THE MONTH OF APRIL AS SEXUALLY TRANSMITTED DISEASE AWARENESS MONTH**

Dr. Jeff Klausner, Director of STD Services, provided information on the Department's education efforts on sexually transmitted diseases, especially at Balboa, Wallenberg, Downtown, and Washington High Schools. He pointed out, based on the available resources at various schools, the Department would like to include other high schools and middle schools.

Action Taken: The Commission adopted Resolution #13-99, "Proclaiming the Month of April in San Francisco as Sexually Transmitted Diseases Awareness Month," (Attachment C).

7) **CONSIDERATION OF A RESOLUTION REVISING THE FEDERAL FACILITIES REFUSE COLLECTION PERMIT REGULATION TO HARMONIZE IT WITH THE REFUSE COLLECTION PERMIT REGULATION FOR NON-FEDERAL FACILITIES AT TREASURE ISLAND AND YERBA BUENA ISLAND**

Henry Louie, Program Manager, Environmental Health, Solid Waste Section; and William Chan, Deputy City Attorney, presented the following:

The City's refuse Collection and Disposal Ordinance of 1932 ("Initiative Ordinance"), required, among other things, that persons who collect refuse in the City secure a permit from the Department. In 1992, the Department adopted the 1992 Regulation and extended the initiative Ordinances permitting requirement to include federal facilities located within the City. In 1997, the federal government transferred management authority for most of the federal facilities on Treasure Island and Yerba Buena Island ("Islands") to San Francisco ("City"). The change in status of the Islands requires persons who collect refuse from non-federal facilities on the Island to secure a refuse collection permits from the City. Currently, the City does not have in place substantive procedures for the issuance of such permits.

The proposed "TI & YBI Regulation" will provide the City with substantive procedures for the orderly issuance of refuse collection permits so that refuse may be collected from the non-federal facilities on the Islands, pursuant to the requirements of the Initiative Ordinance.

The proposed revision of the 1992 Regulation is necessary to eliminate inconsistencies in the regulations governing the issuance of refuse collection permits for federal and non-federal facilities, i.e., the 1992 Regulation and the proposed "TI & YBI Regulation". Additionally, the revision will address administrative shortcomings experienced by Department staff while implementing the 1992 Regulation.

The proposed revision of the 1992 Regulation and the proposed "TI & YBI Regulation" mirror each other in most respects, with the exception that thee 1992 Regulation pertains to federal facilities located in the City, while the "TI & YBI Regulation" applies to non-federal facilities on the Island.

Public Speakers:

Albert Bianchi, representative for Bay Cities Refuse, submitted a letter dated April 1, 1999, raising issues and questions pertaining to the proposed adoption of new regulations for the issuance of refuse collection permits regarding "TI & YBI".

Richard Jacobs, representative for Sunset Scavenger and Golden Gate Disposal and Recycling Co., submitted a letter dated April 6, 1999, indicating that the proposed regulations involve material changes in the interpretation of the Refuse Collection and Disposal Ordinance of 1932.

Commissioner Guy raised the concern that adequate hearings on this issue are needed. Mr. Louie indicated this Commission meeting is intended to be a public forum for input from interested parties.

Dr. Katz suggested continuance of this item and after discussions with the interested parties, the Department will come back to the Commission with recommendations. The Department will attempt to bring this back on April 20, 1999.

8) **CONSIDERATION OF A RESOLUTION APPROVING ORDINANCE AMENDMENTS TO ARTICLES 21, 21A, AND 22 OF THE HEALTH CODE, CONTAINING FEE INCREASES FOR BUSINESSES REGULATED UNDER THE HAZARDOUS MATERIALS UNIFIED PROGRAM AGENCY (HMUPA)**

Sue Cone, Manager, Hazardous Materials, presented a revised fee schedule for the Hazardous Materials Unified Program Agency (HMUPA). She presented documents consisting of a brief summary of changes, legislative digest, and proposed ordinance amendments to Articles 21, 21A and 22 of the San Francisco Health Code.

Commissioner Chow observed that no one was present from the public to object to the fee increases.

Commissioner Parker questioned the Department's claim that the State data did not reflect the current business activity, thereby, resulting in decreased revenues and inability to cover the operating costs of the program.

Action Taken: The Commission (Monfredini, Guy, Chow, Sanchez, Umekubo) adopted Resolution #11-99, "Recommending the Approval of Ordinance Amendments to Articles 21, 21A and 22 of the Health Code Containing Fee Increases for Businesses Regulated Under the Hazardous Materials Unified Program Agency", (Attachment D). Commissioner Parker voted no.

President Monfredini left at 5:50 p.m.

9) **CONSIDERATION OF PROPOSED REVISIONS TO THE BYLAWS OF THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF; AND CONSIDERATION OF PROPOSED REVISIONS TO THE CLINICAL SERVICE RULES AND REGULATIONS AND PRIVILEGE SHEETS**

Dr. Sylvia Villarreal, SFGH Chief of Staff, presented revisions to the SFGH Medical Staff Bylaws. The revisions were recommended for approval at the March 8, 1999 Medical Executive Committee and the March 9, 1999 Joint Conference Committee of SFGH.

Commissioner Chow requested clarification on the harassment section and the attendance requirements.

Action Taken: The Commission unanimously approved the revisions to the SFGH Medical Staff Bylaws.

Dr. Villarreal presented proposed revisions to the Clinical Service Rules and Regulations, which were recommended for approval, as required in the Bylaws Article XI, by the Quality and Utilization Management Committee and the Medical Executive Committee. The accompanying Privilege Sheets were also approved by the Credentials Committee.

(1) Community Primary Care
(2) Emergency Department
(3) Ob/Gyn
(4) Neurosurgery
(5) Radiology Revised

Commissioner Parker pointed out that all dentists are certified for CPR. He also pointed out the duplication of the Chief of Obstetric Services.

Commissioner Chow commented on the importance of being clear regarding the Community Primary Care Physicians in relationship to what is being surveyed. He also pointed out the emergency section should be more generic, not number-specific.

Action Taken: The Commission unanimously approved the revisions to the Clinical Service Rules and Regulations and Privilege Sheets.

10) PUBLIC COMMENTS

Public Speakers:

(Opposed the termination of Bob Prentice, Ph.D.)
Paul Boden, Coalition on Homelessness
Josh Brandon, Coalition on Homelessness

The meeting was adjourned at 6:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (4)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 10-99

AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO EXPEND FUNDS AND ADD STAFF RESOURCES TO REPLACE GRANT FUNDED HOME HEALTH CONTRACTUAL SERVICES WITH SERVICES PROVIDED BY CITY STAFF

WHEREAS, the Department of Public Health has received fiscal year 1999-2000 Ryan White CARE grant funds for home health services for patients with HIV/AIDS; and,

WHEREAS, the Department of Public Health issued a request for proposals to provide home health services through a contract; and,

WHEREAS, no bids were received from non-profit agencies in response to the request for proposals to provide home health services, and CARE funding is to be given preferentially to non-profit agencies; and,

WHEREAS, the Department of Public Health would like to continue to provide Ryan White CARE funded home health services; and,

WHEREAS, the Department of Public Health will provide these Ryan White CARE funded home health services at no additional cost than the amount allocated for contracted services; now, therefore, be it

RESOLVED, that the Department of Public Health is hereby authorized to expend funds and add staff resources to replace currently funded home health contractual services with services provided by City staff; and, be it

FURTHER RESOLVED, that the Health Commission of the City and County of San Francisco urges the Board of Supervisors pursuant to Ordinance No. 83-98 to approve the expenditure of funds and addition of staff resources to ensure continuity of services after the currently funded contract ends May 31, 1999.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 6, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 12-99

HONORING THE CONTRIBUTION OF THE ADVISORY GROUPS TO THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH IN CELEBRATION OF PUBLIC HEALTH WEEK, APRIL 5-9, 1999

WHEREAS, this year the State of California celebrates 129 years of public health activities; and,

WHEREAS, public health services and programs are a high priority for the residents of California and the City and County of San Francisco; and,

WHEREAS, public health programs significantly contribute to the reduction of needless suffering through increasing the knowledge and awareness of health behaviors; and,

WHEREAS, the Department of Public Health seeks public input through over 60 established advisory groups; and,

WHEREAS, the membership of these advisory groups represents San Francisco's communities, and works with the Department to address the public health needs of the City and County; and,

WHEREAS, Public Health Week recognizes the cooperation of community members, public agencies, private enterprises, academic institutions and foundations to promote the health and well being of San Franciscans; now, therefore, be it

RESOLVED, that the Health Commission honors the Department of Public Health's advisory groups in celebration of National Public Health Week, April 5-9, 1999.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 6, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 13-99

PROCLAIMING THE MONTH OF APRIL IN SAN FRANCISCO AS SEXUALLY TRANSMITTED DISEASES AWARENESS MONTH

WHEREAS, San Francisco is making a determined effort to reduce the prevalence of sexually transmitted diseases among its citizens through prevention efforts and effective combinations of private and public sector health programs; and,

WHEREAS, despite these preventive and remedial measures, our City still has unacceptable high chlamydia and gonorrhea rates among teens, and has witnessed a reversal of downward trends among adults; and,

WHEREAS, all individuals, particularly those less than 25 years of age or those with new sexual partners, are urged to act and seek sexually transmitted disease screening since these infections are often unrecognized and undiagnosed, and,

WHEREAS, easy non-invasive screening and one-dose therapy of persons and their partners can immediately cure infection due to gonorrhea or chlamydia, and aid in the reduction and containment of sexually transmitted disease transmission, including HIV; and,

WHEREAS, all concerned individuals are encouraged to become familiar with the drop in, low cost or free sexually transmitted disease services provided by the City Clinic at 356 – 7th Street, or can call the Clinic at 487-5500; now, therefore, be it

RESOLVED that the San Francisco Health Commission declares April as Sexually Transmitted Disease Awareness Month in San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 6, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-99

RECOMMENDING THE APPROVAL OF ORDINANCE AMENDMENTS TO ARTICLES 21, 21A AND 22 OF THE HEALTH CODE CONTAINING FEE INCREASES FOR BUSINESSES REGULATED UNDER THE HAZARDOUS MATERIALS UNIFIED PROGRAM AGENCY

WHEREAS, businesses that store hazardous materials either above ground or in underground storage tanks, or generate or treat hazardous waste, are regulated by the Hazardous Materials Unified Program Agency; and,

WHEREAS, the City and County of San Francisco is certified by the California Environmental Protection Agency as a Unified Program Agency; and,

WHEREAS, responsibilities of a certified Unified Program Agency include administrative tracking and regular, on-site inspections of all businesses or facilities regulated under any of seven separate Unified Program Agency elements; and,

WHEREAS, information received from businesses is provided to the Fire Department for use during fires and other incidents involving hazardous materials; and,

WHEREAS, these activities performed by a Unified Program Agency staff enhance the level of safety for citizens, employees and visitors to San Francisco, and are protective of the environment; and,

WHEREAS, the certified Unified Program Agency is allowed by the State to set fees at a level so as to cover reasonable and necessary costs associated with program implementation; and,

WHEREAS, the certified Unified Program Agency has been audited by the Department of Toxic Substances Control, and was determined to be providing a minimally acceptable and adequate level of service to regulated businesses; and,

WHEREAS, the proposed fee increase is necessary to recover costs associated with program implementation so as to maintain the current service level; now, therefore, be it

RESOLVED, that the Health Commission hereby approves the proposed ordinance amendments to Articles 21, 21A and 22 of the Health Code that include fee increases for the Unified Program Agency.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 6, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

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San Francisco, CA 94102

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

April 20, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 6, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **PHP-HIV Prevention Services** – Request for approval of a retroactive renewal contract with the Regents of the University of California San Francisco/Urban Health Study, in the amount of $564,263 to provide community-based HIV-prevention services to injection-drug users, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with UCSF for services totaling $14,314,598 during FY 1997-98).

(3.2) **PHP-Housing** – Request for approval of a new contract with the John Stewart Company, in the amount of $864,994 for the provision of property management services at the Windsor Hotel, for the period of May 1, 1999 through June 30, 2000.

(3.3) **PHP-CMHS** – Request for approval of a modification to the contract with St. Mary Pharmacy Management Services (SMPMS) to increase the contract amount by $1,085,775 (for a new total of $2,926,466) and to extend the contract term by three (3) months to provide community-based pharmacy services for the period of July 1, 1998 through September 30, 1999. (DPH contracted with SMPMS for services totaling $1,673,691 during FY 1997-98).

(3.4) **PHP-CMHS** – Request for approval to authorize Community Mental Health Services to enter into a cooperative program agreement with the Department of Rehabilitation, San Francisco District, including a required match of $160,605, to provide vocational services to metal health clients for the period of July 1, 1999 through June 30, 2000.

(3.5) **PHP-CMHS-Family Mosaic** – Request for approval of a modification to the contract with Catholic Youth Organization (CYO)-St. Vincent's School for Boys to make new referrals for the provision of sub-acute residential treatment services for the remainder of FY 1998-99 and to utilize the original contract amount of $91,500. (DPH contracted with CYO for services totaling $84,567 during FY 1997-98).

(3.6) **PHP-CMHS-Children's Services** – Request for retroactive approval for new mental health children's services contracts and contract modifications for a combined total of $2,040,000 for the period of April 1, 1999 through June 30, 2000, with the following agencies:

Children's Council of San Francisco (New Contract)	$190,000
Family Service Agency of San Francisco (Modification to FY 1998/99 Contract)	$300,000
Homeless Children's Network (Modification to FY 1998/99 Contract)	$100,000
Instituto Familiar de la Raza, Inc. (Modification to FY 1998/99 Contract)	$350,000
Jewish Family and Children's Services (Modification to FY 1998/99 Contract)	$400,000
Richmond Area Multi Services / Chinatown Child Development Center (Modification to FY 1998/99 Contract)	$400,000
San Francisco Psychoanalytic Institute and Society (New Contract)	$100,000
Westside Community Mental Health Center (Modification to FY 1998/99 Contract)	$200,000

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR APRIL 1999**

6) **SPECIAL PRESENTATION TO BOB PRENTICE, Ph.D., DIRECTOR OF POPULATION HEALTH AND PREVENTION**

7) **4:00 TIME SPECIFIC:**

PRESENTATION FROM THE LAGUNA HONDA HOSPITAL PLANNING COMMITTEE, AND CONSIDERATION OF A RESOLUTION REGARDING RECOMMENDATIONS FROM THE PLANNING COMMITTEE

8) **UPDATE ON PREPARATIONS FOR THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) AT SAN FRANCISCO GENERAL HOSPITAL IN MAY**

9) **CONSIDERATION OF A RESOLUTION RECOGNIZING THAT THE CURRENT HOUSING CRISIS POSES A SERIOUS BARRIER TO THE PROMOTION OF EFFECTIVE PUBLIC HEALTH PRACTICES**

10) **CONSIDERATION OF A RESOLUTION IN SUPPORT OF SAN FRANCISCO HEALTH DEPARTMENT ADOPTING A PILOT PROJECT IMPLEMENTING A NO-NAMES BASED HIV REPORTING SYSTEM**

11) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

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HEALTH COMMISSION
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ADDENDUM

TO AGENDA

HEALTH COMMISSION MEETING

Tuesday, April 20, 1999
3:00 p.m.
Department of Public Health
101 Grove Street, Room #300
San Francisco, CA 94102

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The following item is to be added to the Agenda at the above meeting:

(8A) CONSIDERATION OF APPROVAL OF THE HOSPITAL PLAN FOR THE PROVISION OF PATIENT CARE AND THE ENVIRONMENT OF CARE – EXECUTIVE SUMMARY, MARCH 15, 1999

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, April 20, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:04 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.

Absent: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 6, 1999

Action Taken: The Commission unanimously adopted the minutes of April 6, 1999

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

Note: Monique Zmuda, Chief Financial Officer, provided an update on the implementation of the amended Policy #24. She described a transition period and a schedule of trainings. The Department will develop a standardized way of reporting compliance to Policy #24.

(3.1) **PHP-HIV Prevention Services –** Request for approval of a retroactive renewal contract with the Regents of the University of California San Francisco/Urban Health Study, in the amount of $564,263 to provide community-based HIV-prevention services to injection-drug users, for the

period of January 1, 1999 through December 31, 1999. (DPH contracted with UCSF for services totaling $14,314,598 during FY 1997-98).

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(3.5) **PHP-CMHS-Family Mosaic** – Request for approval of a modification to the contract with Catholic Youth Organization (CYO)-St. Vincent's School for Boys to make new referrals for the provision of sub-acute residential treatment services for the remainder of FY 1998-99 and to utilize the original contract amount of $91,500. (DPH contracted with CYO for services totaling $84,567 during FY 1997-98).

Commissioner Hill expressed that he is pleased with the cultural competency report and looks forward to working with the contractor.

Commissioner Parker stated that he is impressed with the documents. He asked the contractor whether the Compliance to Policy #24 was burdensome. Brian Cahill, Executive Director of CYO, stated that this is an opportunity for his agency to serve communities of color and high risk youth.

(3.6) **PHP-CMHS-Children's Services** – Request for retroactive approval for new mental health children's services contracts and contract modifications for a combined total of $2,040,000 for the period of April 1, 1999 through June 30, 2000, with the following agencies:

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San Francisco Psychoanalytic Institute and Society (New Contract)	$100,000
Westside Community Mental Health Center (Modification to FY 1998/99 Contract)	$200,000

Commissioner Chow suggested the Department request demographics of the contractor's Board of Directors as part of implementing the newly amended Policy #24.

The Department will present a 3-month progress report to the full Commission.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Marijuana for Compassionate Use

As the Commission is aware, I recently attended a meeting convened by Board President Tom Ammiano with Attorney General Bill Lockyer, City Attorney Louise Renne, District Attorney Terence Hallinan. The goal of the meeting was to ensure that medicinal marijuana remains available for persons in San Francisco who need it. Attorney General Lockyer confirmed he would respect local jurisdictions in their handling of implementation of Proposition 215 (the Compassionate Use Act of 1996, or the Medical Marijuana Initiative). Given that this Health Commission, the Board of Supervisors and the Mayor have all been supportive of Proposition 215, we foresee no problems with the ongoing functioning of the existing marijuana clubs in San Francisco.

Attorney General Lockyer asked that the Health Department prepare a briefing on the type of research that is needed to assess the efficacy of marijuana for a number of medical conditions. In the past, the National Institute of Health has been extremely reluctant to fund well-designed research that could scientifically demonstrate the efficacy of marijuana for a number of conditions. He promised to advocate for increased federal funding of my research.

POPULATION HEALTH AND PREVENTION

HRSA AIDS Housing Meeting

Last Wednesday Marc Trotz and I traveled to Rockville, Maryland, to meet with Health Resources Services Administration (HRSA) representatives concerning potential changes in HIV CARE funding for housing. Essentially, HRSA distributed draft guidelines on housing policy changes that would have potentially restricted the use of CARE funding for permanent housing. The basis of these draft guidelines was the concern that CARE funding was created to meet the health needs of HIV infected persons. Thus, some narrow readings of the CARE Act might suggest that funding for housing should not come from CARE dollars.

The San Francisco Health Department, as well as many other agencies involved in HIV/AIDS services in San Francisco, sent strong opposition to this draft policy. The limited and expensive housing market in San Francisco makes it very difficult for HIV infected persons to gain permanent housing. In the absence of housing it is impossible to provide optimal medical care for individuals.

I am happy to report that at our meeting we made significant progress with HRSA. I believe that they understand the unique housing shortage in San Francisco and how it impacts on our ability to deliver care to HIV infected persons. Based on the meeting, I believe that the final draft of HRSA's AIDS Housing Policy will provide us with sufficient flexibility to use our CARE dollars for housing.

The San Francisco Immunization Coalition

Today I had the pleasure of attending a luncheon meeting of the San Francisco Immunization Coalition. The luncheon was held in honor of National Infant Immunization Week. The new Chair of the San Francisco Immunization Coalition, Dr. Michelle Pepitone, hosted the luncheon. As the Commission is aware, the Coalition, which is staffed by the Department, sponsors a number of important events all year to highlight the importance of immunization of children.

COMMUNITY HEALTH NETWORK

Jail Health Services

Jail Health Services has received a "Certificate of Accreditation" from California Medical Association (CMA) for the provision of medical care and health services in the jails. The announcement was made at the March 26th CMA meeting in Sacramento.

DOJ Monitoring Visit at LHH

A representative from the Department of Justice concluded a fourth site visit on April 15th. The purpose of this visit was to monitor the Hospital's progress in responding to issues identified in the May 6, 1998 Findings Letter. We anticipate hearing the results of the monitoring visit within the next few weeks. I will keep the Commission apprised of the status of this important issue.

Sharon Kotabe, Pharm. D. Promoted to Associate Clinical Professor

I am pleased to report that UCSF has announced the academic promotion of Sharon Kotabe, Pharm. D., Director of Pharmacy for the CHN, to Associate Clinical Professor in the School of Pharmacy, effective July 1st. We are extremely proud of Dr. Kotabe's academic advancement and are fortunate, indeed, to have an administrator of her caliber assume responsibility for the CHN pharmacy services. Please join me in congratulating Dr. Kotabe on this significant professional accomplishment.

Chinatown Public Health Center

CHN's Chinatown Public Health Center will be sponsoring "Exercise for a Healthy Life," a free 4-week exercise, relaxation, nutrition, and goal setting course to assist Chinese speaking persons with chronic diseases. The course will take place at the Chinese Recreation Center on Tuesdays from 2:30 to 4:00 p.m. beginning May 18th through June 8th. For more information, or to register call 705-8500.

Fifth Anniversary of the Transgender Clinic

The 5th anniversary celebration of the Tom Waddell Transgender Clinic will be celebrated Tuesday, April 27th, from 5:00 to 7:45 p.m. at the Women's Building, 3543 18th Street, 2nd Floor.

Annual SFGH Volunteer Luncheon

The SFGH Volunteer Recognition Luncheon will be held this Saturday, April 24th at noon. This year's event will take place at Gabbiano's Restaurant, 1 Ferry Plaza. We would be delighted if Commissioners joined us for the festivities.

SFGH Appointments	4/99	Year to Date
New Appointments	17	71
Reappointments	56	174
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	23	63
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	6	12
Voluntary Relinquishment	0	1

Current Statistics – as of 4/8/99

Active Staff	359
Affiliate Professionals	133
Courtesy Staff	586
Referring Staff	37
Total Members	1115
Applications in Process	45
Reappointment In Process	20
Reappointment Requested not Received	13

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR APRIL 1999

On behalf of the Commission, President Monfredini presented certificates to the following:

Individual Nominee	Division	Nominated by
Branzuela, Anna	PH & P – Comm Health & Safety Svcs – STD Clinic	Christine Geoghegan
Brehmer, Jim	PH & P – Env Health/MIS	Geri Clarabal Jeremy Chevrier Elena Kaledina
Paye, Wendy	CHN/SFGH- Medical Staff Svcs Department	Melissa Welch, M.D. Sylvia Villarreal, M.D.
Yee, Ph.D., Tina Tong	PH & P/Comm Health Svcs-DMS/Admin.	Anita Madrigal Jo Ruffin

Team Nominee	Division	Nominated by
Austin, Francine	PH & P – Comm Health & Safety Servs.	Jackie Tulsky-Peterson, M.D.,
Beasley, Susan	TB Control – TOPS Satellite Clinic (Tuberculosis Outreach & Prev. Serv.)	and Alberto Martinez
Box, Candy		
Comia, Virgilio		
David, Ronald	" " " "	
Davis-Jackson, Sheila	" " " "	
Duong, Kieu	" " " "	
Gallashaw, Woodrow	" " " "	
Gomez, Rafael	" " " "	
Heller, Yise	" " " "	
Hudson, Sandra	" " " "	
Khadgi, Gopal	" " " "	
Marshall, Eileen	" " " "	
Nyhagen, Richard	" " " "	
Sias, Van	" " " "	
Steele, Ronald	" " " "	
Sunga, Mina	" " " "	

Prior to the presentation to Tina Tong Yee, Ph.D., two bath house activists disrupted the meeting with a demand for the issue of reopening of the bath houses be calendared for a Commission meeting. The meeting resumed after the two individuals were escorted out of the Commission hearing room.

6) SPECIAL PRESENTATION TO BOB PRENTICE, Ph.D., DIRECTOR OF POPULATION HEALTH AND PREVENTION

On behalf of the Commission and as an activist, Vice President Guy presented Bob Prentice, Ph.D., with a Certificate of Appreciation. She acknowledged his leadership in the Department and in the community in areas of homelessness and public health. She also pointed out his efforts and skills to build collaboration, even in a hostile environment.

Dr. Prentice thanked the Commission and emphasized the importance of never losing the spirit of public health. He encouraged the Commission to continue support for the principles of public health.

Public Speakers: All speakers expressed support for Dr. Prentice, his reinstatement, a call for a cooling-off period with mediation, and questions to the Commission.

Note: Since there was a 4:00 p.m. time specific agenda item, the testimony for this item resumed at 5:45 p.m.

Masa Rambo, Tom Waddell Health Center
Zoe Clayson, S.F. State University/DPH Partnership
Neil Gendel
Buffy Bunting
Eve Milton, Potrero Hill Health Center
Rev. Carl Stuart, Citywide Advisory Board
Paul Boden, Coalition on Homelessness
Elizabeth Anello, Tom Waddell Health Center
Richard Olive, Bayview Hunters Point Health Care Task Force
Robert Tobin, private citizen
Vickie Legion
Michael Blecker, Swords to Plowshares
David Novogrodsky, Local 21
Martha Hawthorne, Local 790
Dr. David Ofman, CHN, Primary Care
Dr. Barry Zevin, Tom Waddell Health Center
Dee Epps-Miller, Healthy Start
Martha Ryan, Homeless Prenatal Program
Martin Waukazoo, Native American Health Center
Laura Ware, Community Housing Partnership
Joe Wilson
Marykate Connor, Caduceus Outreach Services
Josh Brandon, DPH Homeless Deaths Research
Susan Mizner

7) **4:00 TIME SPECIFIC:**

PRESENTATION FROM THE LAGUNA HONDA HOSPITAL PLANNING COMMITTEE, AND CONSIDERATION OF A RESOLUTION REGARDING RECOMMENDATIONS FROM THE PLANNING COMMITTEE

The Commission received a report from the Laguna Honda Hospital Replacement Planning Committee, co-chaired by Dr. Mitch Katz and City Attorney Louise Renne. The report provided programmatic and technical field recommendations from the Committee. The financial aspects of replacing Laguna Honda Hospital were presented today. For a copy of the presentation and the full report, contact the Planning Office at 554-2631.

The Commission did not take any formal action today but will consider a resolution on May 4, 1999.

Dr. Katz, Ms. Renne, and Chief City and County Architect Tony Irons presented the planning process, background information on Laguna Honda, recommendations from the Program, Technical Build, and Finance Sub-Committees. Ms. Renne thanked all of the members of the Planning Committee, sub-committees, and especially Tangerine Brigham, Director of Policy and Planning.

Commissioners' Comments:

- Concerned about the stability of Medi-Cal reimbursement at Laguna Honda Hospital
- The use of the $300,000 figure for an average San Francisco home is unrealistic
- Raises the policy question of whether the City should be in the business of skilled nursing facilities

- Answers to the public have to be readily available
- Look at how other Counties address the need for skilled nursing facilities
- Show the number of people being served by the program enhancements
- Look at the State's position on funding of free standing and distinct part skilled nursing facilities
- The public should be informed of built-in inflation factors for acuity of patients and costs
- Question of the City's debt capacity

President Monfredini encouraged Commissioners to call staff regarding any questions they may have.

8) **UPDATE ON PREPARATIONS FOR THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO) AT SAN FRANCISCO GENERAL HOSPITAL IN MAY**

Bob Christmas, SFGH Administrator, gave an overview of the Consolidated Accreditation and Licensure Survey (CALS) preparation at SFGH from May 17-21, 1999. Three surveys compose CALS: the Joint Commission on Accreditation of Hospital Organizations (JCAHO), the California Department of Human Services State Licensing Survey, and the Institute of Medical Quality (IMQ) Survey.

Mr. Christmas reviewed the following areas:

- SFGHMC's Mission Statement and Organizational Chart
- Overview of each of the surveys which compose CALS
- Focus of CALS preparation activities
- Overview of preparation activities
- Role and responsibilities of the Governing Body

Commissioners Guy and Parker expressed appreciation for the preparations.

Commissioner Guy stated her interest on this subject and relies on the Commissioners on the Joint Conference Committee of SFGH.

(8A) **CONSIDERATION OF APPROVAL OF THE HOSPITAL PLAN FOR THE PROVISION OF PATIENT CARE AND THE ENVIRONMENT OF CARE – EXECUTIVE SUMMARY, MARCH 15, 1999**

Gene O'Connell reported the Hospital Plan for the Provision of Patient Care was approved in March at the Joint Conference Committee of SFGH.

Action Taken: The Commission unanimously approved the Hospital Plan for Provision of Patient Care.

Eric Miller, Director of CHN Facilities Management, presented the annual Environment of Care, which included:

- Emergency Preparedness
- Environmental Services
- Hazardous Materials

- Life Safety
- Medical Equipment
- Safety
- Security
- Utility Management

Action Taken: The Commission unanimously approved the Environment of Care – Executive Summary, March 15, 1999.

9) **CONSIDERATION OF A RESOLUTION RECOGNIZING THAT THE CURRENT HOUSING CRISIS POSES A SERIOUS BARRIER TO THE PROMOTION OF EFFECTIVE PUBLIC HEALTH PRACTICES**

Dr. Katz presented a resolution which acknowledges a serious housing crisis in San Francisco. The shortage of affordable housing stock, skyrocketing rents and substandard housing conditions create significant barriers to the implementation of effective disease prevention and health promotion activities.

The Department of Public Health recognizes that safe, decent and affordable housing is essential to the well being of all San Franciscans. In addition, providing housing is key to preventing the current over-utilization of emergency and acute services.

Public Speakers: Supported the Resolution; advocated funding of a housing trust fund, eviction defense, back rent, and move-in costs/subsidy program.

Frederick Hobson, Board member, S.F. Health Authority
Jennifer Friedenbach
Chance Martin, Coalition on Homelessness
Josh Brandon, DPH Homeless Death Prevention Project
Emanuel Smith, Jr., Thor Tenants' Union
Robert Ingalls, Thor Tenant's Union
Vivian Louie, Community Housing Partnership
Jeremy Graham, Tenderloin Housing Clinic
Rev. Glenda Hope, S.F. Network Ministries
Steve Leoni
Rebecca Vilkonian, Homeless Prenatal Program
Marykate Connor, Caduceous Outreach Services
Robert Haaland, S.F. Tenants' Union
Dr. Barry Zevin, Tom Waddell Clinic
David McGuire, Hartland Hotel
Carric Depman, Local Homeless Coordinating Board

Commissioner Chow recommended an amendment to delete "any and all" from the resolution.

Commissioner Guy expressed her support to look into a housing trust fund.

Commissioner Parker commented the City is not addressing the housing problem as a whole.

Action Taken: The Commission unanimously adopted the amended Resolution #14-99, "Recognizing that the Current Housing Crisis Poses a Serious Barrier to the Promotion of Effective Public Health Practices," (Attachment A).

10) **CONSIDERATION OF A RESOLUTION IN SUPPORT OF SAN FRANCISCO HEALTH DEPARTMENT ADOPTING A PILOT PROJECT IMPLEMENTING A NO-NAMES BASED HIV REPORTING SYSTEM**

Dr. Herminia Palacio, Special Policy Advisor to the Director, provided an update on the development of a non-names based HIV case reporting pilot project, in response to changes in the epidemiology of HIV/AIDS. In 1995, the Commission passed Resolution #15-95 opposing State legislation which would require mandatory names reporting of HIV infected persons. In 1997, the Commission reaffirmed this policy.

Dr. Palacio gave background information on AIDS surveillance data, the policy significance of HIV case reporting, and current Federal, State and local activities on the debate about the merit of name-based systems versus unique identifier systems.

Dr. Palacio described the pilot project as follows:

San Francisco Unique Identifier Pilot Project

The salient features of the proposed pilot project are that it is a laboratory based system, and that it will be able to test the accuracy and completeness of the surveillance data base. We propose a laboratory-based system because research indicates this method yields a higher level of reporting than do systems which rely exclusively on provider-initiated reports. We propose a rigorous evaluation component because it is critical to document our ability (or inability) to meet CDC performance standards. Two different alpha-numeric codes were selected to facilitate more complete and more accurate data (i.e. data with fewer duplicates) than either code could achieve alone. One of the codes is the Soundex, which is currently used by the San Francisco Department of Health to encrypt names prior to forwarding AIDS surveillance data to the California Department of Health Services. The Soundex relies on the last name. The other code is a modified HRSA Uniform Reporting Number (URN), which encrypts various bits of information such as elements of the first and last names, date of birth, race/ethnicity, and gender.

We propose conducting the pilot project at two sites, San Francisco General Hospital and Kaiser Permanente Medical Center. When the laboratory of the participating institution performs a test that yields a result indicative of HIV infection (e.g. positive HIV-antibody test, detectable HIV viral load test, CD4 test), the laboratory personnel will: a) generate the Soundex and URN codes, b) send a report with the test result and patient codes (but no name) to the Department of Public Health, and c) send the test result to the medical provider who had ordered the test as usual, except for the addition of the patient codes and an advisory that the case was reported and that a health official would be calling to the provider about the case. Upon receipt of the report, the DPH surveillance officer would check the case against previously received case reports. For newly reported cases, the surveillance officer would contact the medical provider to gather additional information required by the CDC, such as date of initial diagnosis and HIV risk category, to complete the case report.

For the purposes of evaluating the pilot project, participating laboratories will retain a link between the patient name and the surveillance codes. This list will serve as "gold standard" for the evaluation because it represents the true number of individual cases reported during the pilot project. After the data collection phase has ended, the completion rate and the duplication rate of the unique identifier system will be evaluated by sending the DPH unique identifier surveillance data base to the laboratory for comparison against their master list (the master list will not go to DPH). By having the participating laboratory perform the data analysis, the proposed project completely avoids any new disclosure of the patient name, because names do not leave the original

medical institution. The medical institutions gain no additional knowledge from the surveillance codes, as the institutions already have access to the patient's name and medical history. Thus, there is no new threat to patient confidentiality as a result of the pilot project. The laboratory will perform the data analysis and inform DPH of the level of completeness and accuracy in the data base.

Dr. Palacio stated that the results of the proposed pilot project can help inform the debates at the State legislature. The implementation of the proposed pilot project would allow the Department to take the next steps towards improving our HIV/AIDS surveillance consistent with Commission policies.

Commissioner Chow commented that this is a national issue; and we should be a part of it. President Monfredini expressed support with the assurance of confidentiality.

Public Input: Steve Heiling, S.F. Medical Society, submitted written support for the resolution.

Action Taken: The Commission unanimously adopted Resolution #15-99, "Supporting the San Francisco Department of Public Health Adoption of a Pilot Project Implementing a Non-Names Based HIV Reporting System," (Attachment B).

11) PUBLIC COMMENTS

Public Speakers:

Lincoln Madison expressed support for agenda item #10 and requested the sex club regulations.

Steve Filandrinos does not support the monitoring of sex clubs.

Gil Criswell, Spectrum, supports giving medication and treatment along with surveillance procedures.

Richard Cornwall supports bath houses to promote safe sex practices and encouraged a public forum about the transmission of diseases.

President Monfredini expressed her willingness to meet with any of the speakers for informational purposes.

The meeting was adjourned at 8:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 14-99

RECOGNIZING THAT THE CURRENT HOUSING CRISIS POSES A SERIOUS BARRIER TO THE PROMOTION OF EFFECTIVE PUBLIC HEALTH PRACTICES

WHEREAS, the City and County of San Francisco is experiencing an unprecedented housing affordability crisis evidenced by a less than 1% vacancy rate in the rental housing market, which is contributing to increased homelessness, overcrowding, and substandard living conditions; and,

WHEREAS, the rise in rents over the last three years has dramatically outpaced the rise in income for low-wage earners and persons receiving public benefits, with rents for vacant apartments often exceeding 100% of the income for such persons; and,

WHEREAS, fires have destroyed a significant amount of the stock of single room occupancy hotels and many existing hotels are at risk of fire related damage; and,

WHEREAS, housing is an integral part of the public health continuum and the lack of affordable housing poses a significant barrier to improving the health status for indigent residents, who revolve through emergency shelter and medical systems without access to stable housing; and,

WHEREAS, access to stable housing is fundamental to meaningfully address many of the issues facing homeless people, including mental health, substance abuse, other health conditions, and child welfare issues; and,

WHEREAS, decent housing is a cost effective alternative to the current over-utilization of emergency and acute services, and the availability of housing for persons who would be otherwise homeless often prevents manageable health problems from escalating into serious, debilitating, and costly conditions; and,

WHEREAS, safe and clean housing is critical to the well-being of all individuals, families and communities, as unhealthy housing conditions can lead to serious medical conditions, such as asthma and lead poisoning; and,

WHEREAS, a lack of affordable housing poses particular risks to homeless women who are vulnerable to acts of violence; 33 percent of women living on the streets and 15 percent of women living in shelters report sexual assaults; and,

WHEREAS, a lack of affordable housing destabilizes families which are predominantly headed by women in their late twenties with approximately two or three preschool age children, and contributes to San Francisco's high rate of out-of-home placement of children; and,

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 14-99 (Cont'd.)

WHEREAS, the Department of Public Health currently supports a full continuum of housing options for homeless and disabled persons. The Department provides approximately $11.5 million in funding that assists over 2,500 people annually through emergency housing vouchers, on-going rent subsidies, and services linked to transitional and permanent housing. The funding of the Direct Access to Housing Program and the recent opening of the 75-unit Pacific Bay Inn are examples of the Department's latest effort to create supportive housing options for homeless people; now, therefore, be it

RESOLVED that the Health Commission and the Department of Public Health are in support of policies that address the current housing crisis in order to facilitate effective public health practices; and, be it further

RESOLVED that the Health Commission directs the Department of Public Health to explore and support any and all options that could increase the supply of affordable housing to extremely low-income, homeless, and disabled residents, including advocacy efforts for increased Federal and State capital and support service funding, local efforts to preserve the existing stock of single room occupancy hotels, increased funding for targeted rental assistance programs, utilization of city-owned or controlled land for the development of non-profit owned affordable housing, and incentives to private owners to upgrade substandard properties in exchange for affordability restrictions; and, be it further

RESOLVED that the Health Commission urges the Board of Supervisors to pass a resolution recognizing the current housing crisis in San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 20, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 15-99

SUPPORTING THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH ADOPTION OF A PILOT PROJECT IMPLEMENTING A NON-NAMES BASED HIV REPORTING SYSTEM

WHEREAS, therapeutic advances have contributed to a slowing of progression from HIV to AIDS, and to a large decline in the number of newly reported AIDS cases; and,

WHEREAS, these achievements have rendered surveillance systems which rely solely on AIDS cases less adequate for monitoring trends of the epidemic; and,

WHEREAS, in response to these changes, the Centers for Disease Control and Prevention, the Council of State and Territorial Epidemiologists, and many other public health organizations have recommended that all States and Territories conduct HIV case surveillance, in addition to AIDS surveillance; and,

WHEREAS, the Health Commission passed Resolution #15-95 on May 16, 1995, in opposition to mandatory names-based HIV reporting; and,

WHEREAS, the Centers for Disease Control and Prevention awarded the Department of Public Health funding to develop and test a non-names based HIV surveillance system; now, therefore, be it

RESOLVED that the Health Commission reaffirms its opposition to names-based HIV reporting; and, be it

FURTHER RESOLVED that the Health Commission supports the Department's implementation of a unique identifier (non-names based) HIV surveillance pilot project.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 20, 1999.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
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Harrison Parker, Sr., D.D.S.
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Commissioner

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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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APR 29 1999

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AGENDA

HEALTH COMMISSION MEETING

May 4, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING APRIL 20, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH Administration –** Annual report of membership organizations and a proposed ordinance to amend the City's Administrative Code to add and delete membership organizations for the next fiscal year.

(3.2) **PHP-HIV Prevention Services –** 60 day progress report on the Tenderloin AIDS Resource Center as requested at the March 2, 1999 Health Commission Meeting.

(3.3) **PHP-HIV Prevention Services –** 60 day progress report on California AIDS Intervention Training Center - Venue-Based Individual Outreach, as requested at the March 2, 1999 Health Commission meeting.

(3.4) **PHP-CHS-Mental Health & Substance Abuse -** Request for approval of retroactive modification to the contract with New Leaf —Services for Our Community to: 1) continue the provision of outpatient substance abuse methamphetamine treatment on demand services as

awarded through RFP #019-98 in the amount of $136,663 for the period of January 1, 1999 through June 30, 1999; and 2) replace Ryan White/CARE funds with mental health Short-Doyle/Medi-Cal match funds to continue the provision of outpatient HIV/mental health services for the period of March 1, 1999 through June 30, 1999 (annual amount of $371,465 to continue both services). (DPH contracted with New Leaf for services totaling $1,347,911 during FY 1997-98).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE VECTOR CONTROL PARTNERSHIP**

6) **CONSIDERATION OF A RESOLUTION ON THE BOND PROGRAM TO REBUILD LAGUNA HONDA HOSPITAL**

7) A) **REVIEW OF THE DEPARTMENT OF PUBLIC HEALTH 9-MONTH REVENUE AND EXPENDITURE REPORT FOR FY 1998-99**

B) **CONSIDERATION OF SUPPLEMENTAL APPROPRIATION FOR $19.2 MILLION IN GENERAL FUNDS TO REDUCE THE DEFICIT AT SAN FRANCISCO GENERAL HOSPITAL FOR FY 1998-99**

8) **CONSIDERATION OF ADOPTION OF A NEW REGULATION FOR ISSUANCE OF REFUSE COLLECTION PERMITS FOR NON-FEDERAL FACILITIES AT TREASURE ISLAND AND YERBA BUENA ISLAND ('TI & YBI"); AND ADOPTION OF A REVISION OF AN EXISTING REGULATION FOR ISSUANCE OF REFUSE COLLECTION PERMITS FOR FEDERAL FACILITIES ("1992 REGULATION")**

9) **CONSIDERATION OF THE SAN FRANCISCO GENERAL HOSPITAL QUALITY ASSURANCE PLAN**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

11) **CLOSED EXECUTIVE SESSION:**

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION**

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION

DEPARTMENT OF JUSTICE REVIEW OF LAGUNA HONDA HOSPITAL

D. RECONVENE IN OPEN SESSION:

A. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

B. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

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President

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Vice President

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, May 4, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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MAY 13 1999

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:04 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

President Monfredini presented the April Department of Public Health Employee Recognition Award to Bruce Josloff of the Environmental Health Management Division.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 6, 1999

Public Speakers:

Stephen O. Murray, Ph.D., Instituto Obregon, voiced criticism on the April 6, 1999 minutes, the content of public comments, and will file complaints with the Sunshine Ordinance Task Force.

Gil Criswell requested the April 20, 1999 minutes reflect clarification of his statements. In submitting his Spectrum article, he stands by his article, "Bath Houses and Sex Clubs." HIV should be treated like any other STD with treatment; and he is not in favor of HIV surveillance.

Reid Condit, Ad Hoc Bath House Committee, requested revision of the April 6 minutes regarding the LGBT Advisory Committee letters, discussion of the regulations for sex clubs, and the spelling of his first name.

Jean Fraser, Deputy City Attorney, commented that reconsideration of past approved minutes would need to be an agenda item at a Commission meeting.

Commissioner Chow pointed out the words "any and all" need to be deleted from Resolution #14-99 in the April 20, 1999 minutes.

Action Taken: The Commission unanimously adopted the minutes of April 20, 1999 with the corrections

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH Administration** – Annual report of membership organizations and a proposed ordinance to amend the City's Administrative Code to add and delete membership organizations for the next fiscal year.

(3.2) **PHP-HIV Prevention Services** – 60 day progress report on the Tenderloin AIDS Resource Center as requested at the March 2, 1999 Health Commission Meeting.

(3.3) **PHP-HIV Prevention Services** – 60 day progress report on California AIDS Intervention Training Center - Venue-Based Individual Outreach, as requested at the March 2, 1999 Health Commission meeting.

(3.4) **PHP-CHS-Mental Health & Substance Abuse** - Request for approval of retroactive modification to the contract with New Leaf—Services for Our Community to: 1) continue the provision of outpatient substance abuse methamphetamine treatment on demand services as awarded through RFP #019-98 in the amount of $136,663 for the period of January 1, 1999 through June 30, 1999; and 2) replace Ryan White/CARE funds with mental health Short-Doyle/Medi-Cal match funds to continue the provision of outpatient HIV/mental health services for the period of March 1, 1999 through June 30, 1999 (annual amount of $371,465 to continue both services). (DPH contracted with New Leaf for services totaling $1,347,911 during FY 1997-98).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Community Budget Hearings

Dr. Katz participated in the community budget hearings organized by Finance Chair Supervisor Leland Yee. A hearing dedicated to issues of children, youth and their families was held in the Mission. A number of important issues, including childcare, school health, recreational services and physical and mental health services for children, youth and their families were raised. The hearing in the Bayview Hunters Point area was dedicated to discussion of public health and the environment. Community leaders spoke eloquently about the serious environmental hazards in the Bayview area, including the Superfund sites, particulate matter in the air due to industry, asthma, breast cancer and

problems with the sewage treatment plant. Dr. Katz will attend another hearing set for tonight on the issue of homelessness in the Castro. These hearings have been very well attended and have provided valuable input into the City budget process.

EEO Director's Departure

After 11 ½ years with the Department of Public Health Gloria Louie is leaving to take a new job at the Airport. Gloria started with DPH as an EEO specialist moving to the EEO Director position after 5 years. Under Gloria's direction and leadership, the annual EEO report now clearly delineates the Department's strengths and areas where improvement is needed.

Gloria's new position at the Airport begins May 17th. She will be responsible for developing and implementing the Airport's diversity and EEO programs for employees and for setting diversity standards for contractors doing business with the Airport. Jimmy Loyce has agreed to act as the Interim EEO Director and to conduct the search for Gloria's replacement.

City Attorney to Move to Airport

Louise Renne has informed the Department that Paula Jesson will be transferring to the Airport's Legal Division of the City Attorney's Office on May 17th. Paula asked me to convey her deep appreciation for the opportunity to have worked for the Health Commission and Department staff for the past eleven years. Paula will be missed by all of us.

State Director of Health Services

Last week, Governor Davis appointed Diana M. Bonta, R.N, PhD., as the Director of the Department of Health Services. Ms. Bonta officially starts her position in June 1999. Ms. Bonta currently serves as the Director of Health and Human Services for the City of Long Beach. She has held the position since 1988. Prior to that she served as Deputy Executive Director of the Los Angeles Regional Family Planning Council. During her early career in health she was a Regional Administrator for the California Department of Health Services. She is currently Chair of the American Public Health Association. The Senate must confirm her appointment.

Early Treatment for HIV

Last week House Democratic Leader Representative Richard Gephardt (D-MO), Representative Nancy Pelosi (D-CA), and Senator Robert Torricelli (D-NJ) introduced legislation to provide early treatment for HIV -- Early Treatment for HIV Act. The legislation was introduced in both Houses of Congress and would give States the option to expand their Medicaid programs to provide treatment for low-income, HIV-positive individuals who have not yet developed symptoms of AIDS.

As the Health Commission is aware, early treatment for HIV improves the lives of those infected by the disease. The legislation would extend access to drug therapies and primary care. Federal HIV treatment guidelines recommend the use of anti-viral therapy early in the course of HIV infection before development of symptoms. However, Medicaid does not define individuals with early infection as disabled and, as a result, many low-income individuals are unable to receive HIV-related drugs and health care through the program. The Presidential Advisory Council on HIV/AIDS has asked the President to support the Early Treatment for HIV Act. Fifty-nine other members of the House joined Representatives Gephardt and Pelosi as original co-sponsors of the bill.

The Department is clearly supportive of these congressional efforts and thanks the co-sponsors for introducing this much needed legislation.

Central Administration- Y2K Compliance

The Department prepared its quarterly Y2K progress report for the Health Commission's consideration. Due to the long length of today's Commission agenda, the Department will not make a formal presentation on Y2K implementation. However, we are available to answer any questions regarding Y2K compliance. A formal presentation will be made during our next quarterly progress report in August 1999.

Building a Healthier San Francisco Collaborative

The Department is continuing to work with San Francisco hospitals, the Hospital Council of Northern and Central California, United Way of the Bay Area, and community-based agencies in the "Building a Healthier San Francisco (BHSF) Collaborative." The Collaborative is working to foster broader, more effective partnerships to respond to San Francisco's health and human service needs. The Collaborative was originally formed in 1995 as a result of SB 697, which required private, non-profit hospitals to complete a community needs assessment and develop Community Benefit Plans to address needs.

Last month, the Collaborative presented the findings of its recently completed "San Francisco Community Assessment" report at three community forums. The report provides the most comprehensive profile currently available of the health and social conditions of San Francisco residents, using Healthy People 2000 goals and Bay Area Partnership indicators as benchmarks. The report is meant to inform community residents and leaders, advocates, policymakers, and service providers about many of the critical issues facing San Francisco, and to serve as a springboard for action to address those issues. The Collaborative will begin focusing on specific priority health issues to address at the community level. As part of this process, the Collaborative will expand to include other community representatives in planning and implementation.

The Department will make a presentation on this updated Community Assessment at the Health Commission's first meeting in June 1999. We will provide the Commission with complete copies of the report at that time. The public may obtain copies by contacting the Northern California Council for the Community at (415) 772-4430. The report will also soon be accessible via the web at www.ncccsf.org.

POPULATION HEALTH AND PREVENTION

Dupont Pharmaceuticals Grant

This morning at the Mayor's Office, Dupont Pharmaceuticals announced a $1 million award to San Francisco for HIV/AIDS prevention. Dupont Pharmaceuticals is inviting other companies to participate, with an ultimate goal to raising at least $5 million. Mayor Brown has committed to matching Dupont's grant in an effort to inspire other companies to follow their lead.

The Mayor appointed Thomas Coates, Ph.D., Professor of Medicine and Director of the UCSF AIDS Research Institute; Sean Sasser, a member of the President's AIDS Advisory Council and a leading community advocate for prevention services for youth; and Dr. Herminia Palacio from the Health Department, to co-chair a coalition of health, business and community leaders. The Coalition, which will be known as the S.F. HIV Prevention Outcomes Coalition, will determine the priorities for spending the award. Programmatically the Coalition will focus on decreasing seroconversions in San Francisco by replicating successful models of HIV prevention, as well as developing new models. The San Francisco HIV Prevention Planning Council has identified a number of unmet needs and research gaps. This coalition will help to meet these needs, especially for underserved populations. In this way, the work of the two committees will be closely linked.

Women's Health

May is an important month for women's health. On May 6 and 7, the University of California National Center of Excellence in Women's Health in collaboration with the Institute for Health and Aging, have organized a health summit on older women's health. The summit will bring together researchers, advocates, leadership and media in a unique dialogue on issues of older women. Several Department of Public Health staff have been involved in the planning and are attending the summit.

"Time for Healing...Time for Change." May 13, the Department of Public Health Breast and Cervical Cancer Services (BCCS) program, in collaboration with Network for Elders, is taking the town hall model developed in the Bayview Hunters Point to women in the Western Addition. The first breast cancer- focused town hall was held at the Bayview Opera House and was attended by approximately 130 women. The planning group for this second town hall anticipates participation from more than 200 women. Funding came from the Breast Cancer Fund and the Women's Foundation. A wide range of neighborhood organizations has been involved in the planning process. Maxine Hall Health Center Director has been particularly helpful in providing meeting space and resources to the group

Community Substance Abuse Services

On May 3-4, Community Substance Abuse Services, the Lindesmith Center and the Harm Reduction Training Institute hosted a conference on "Bridging the Gap Integrating Traditional Substance Abuse and Harm Reduction Services." Dr. Katz delivered the opening remarks at the conference. Numerous federal, state and local organizations provided funding for the conference. Over 600 people attended the two-day conference. The conference objectives were:

- To introduce principles for integrating traditional substance abuse treatment and harm reduction services;
- To provide health professionals with practical strategies to integrate services for clients in drug treatment, mental health, medical and other service settings;
- To facilitate the development of the harm reduction approach to drug treatment through the interaction of health professionals and the clients they serve;
- To examine the issues surrounding methadone;
- To facilitate the delivery of self-selected, client oriented drug treatment;
- To make a positive impact on the realities of drug treatment within the criminal justice system;
- To equip clinical administrators and supervisors with the tools they need to integrate traditional and harm reduction strategies within the policies and practices of health systems; and
- To introduce health professionals to new ways of reaching clients who might otherwise not access drug treatment.

STD Prevention and Control

In honor of STD Awareness Month, April 1999, the STD Prevention and Control Section implemented a number of activities to raise awareness about STD screening and prevention.

Throughout the month of April, posters were displayed in 15 bus shelters around San Francisco, and advertisements for STD screening ran in three weekly papers, on television and on the radio. The STD Section provided urine based STD screenings in four San Francisco High Schools, in shelters, community based organizations, at street fairs and in other locations around the city. In addition, the Community Health Network primary care centers provided drop-in STD testing throughout the month.

Children's Environmental Health Promotion

As part of the Department's ongoing effort to prevent asthma, nine staff of the Children's Environmental Health Promotion Section are currently teaching a 6-week class on asthma to 3rd - 5th graders at four San Francisco elementary schools. The CEHP were trained by the American Lung Association and are being hosted by the San Francisco Unified School District and Healthy Start Family Outreach Workers, to teach the curriculum at three Bayview Hunters Point elementary schools and one South of Market school. The students participating in the program will learn how to recognize symptoms, when to ask for help, how to safely engage in physical activity and how to prevent asthma attacks. The curriculum has been shown to build the self-confidence of students and help them lead active lives.

Community Health Promotion and Prevention Branch

On April 24, 1999 Ginger Smyly, MPH, CHES, Deputy Director of CHP&P, was honored by the San Francisco Business and Professional Women Inc. with the Professional Woman of the Year Award for 1999.

COMMUNITY HEALTH NETWORK

Chinatown Public Health Center

On April 20th, the Chinatown Public Health Center participated in a successful community disaster drill coordinated by NICOS, a coalition of health and mental health agencies serving Chinatown. This year's drill planning and coordination was assisted by DPH Health Educator, Wesley Wong. A mock disaster scene occurred at Portsmouth Square and "victims" were assessed in the field by NERT trained volunteers. The Cathay Radio Club provided volunteer ham radio operators who helped describe conditions in the community, as well at the participating health agencies, and sent messages to the radio coordinating site located at Chinese Hospital. The Chinatown Public Health Center has been an active member of these drills and their planning for the past 10 years.

Annual Volunteer Luncheon's at SFGH and LHH Great Successes

Mayor Willie Brown spoke at both LHH and SFGH's Annual Volunteer's Luncheons on April 20 and 24th respectively. He thanked the volunteers at both hospitals for their service. He also gave his full support to the Laguna Honda Hospital Replacement Bond measure currently winding its way through the City and County's approval process.

Emergency Department

The San Francisco Chronicle's Readers' Choice award arrived two weeks ago. If you recall, SFGH Emergency Department was rated first place in their readers' poll for best place to go in a medical emergency.

Department of OB/GYN

Dr. Philip Darney, professor and interim chief of OB/GYN, was honored last week with the Chancellor's Award for Public Service for his efforts to supply women with contraceptives on the local, national and international levels. He is world renowned for his significant achievements in research, education and program development in family planning. Dr. Darney's nominators praised

his outstanding efforts to ensure access to family planning services for vulnerable women in the Bay Areas and highlighted his creation of the New General Health Center for adolescents.

National Hospital Week
May 9-15 is National Hospital Week, a time of celebration and renewal. Each year, hospitals and community health centers join together to recognize the people who make it all possible, health care workers and volunteers. This year's theme, "People Care. Miracles Happen," recognizes the special contributions of the people who keep hospital doors open 24 hours a day, 365 days a year.

Celebrate Healthy Babies
Southeast Health Center will participate in "Celebrate Healthy Babies Health Fair" at Providence Church in the Bayview on Saturday, May 8, from 10;00 a.m. to 3:00 p.m. DPH's Black Infant Health Improvement Project hosts the fair. Dental check-ups, blood pressure, and STD and pregnancy tests will be offered.

Emergency Department
Dr. Katz acknowledged Lynda Frattaroli, LCSW, who did an outstanding job last Friday, weaving public, private and international agencies to secure help for two tourists who were attacked in the downtown area.

City Attorney Louise Renne announced that Jean Fraser, Deputy City Attorney, will be the head of the Health and Human Services Division in the City Attorney's Office. Two additional new attorneys will be hired in this Division.

Note: Three individuals were escorted out of the meeting after their attempts to disrupt the meeting.

Public Speaker:

Ronnie Barh, Act UP/S.F., encouraged reopening of bath houses.

5) PRESENTATION OF THE VECTOR CONTROL PARTNERSHIP

Ben Gale, Director of the Environmental Health Section, gave an overview of the Rodent Survey Pilot Program. Due to the loss of Federal funds in the early '80's, the Department had to significantly modify its rodent control program.

The Mayor's Office provided $50,000 to fund a cadre of individuals to be trained by Environmental Health staff to assist property owners and residents in abating rodent infestations. Through a cooperative effort with the Department of Human Services, (DHS); the Department of Public Works, (DPW); the San Francisco Urban League of Gardeners, (SLUG); and Young Community Developers, Inc. (YCD), the Department was able to recruit ten candidates to train.

SLUG, under contract with DPW, was identified to be the lead agency. SLUG selected YCD to be the implementation arm of the contract. DHS provided additional funds to cover the actual cost of the program and was responsible for putting together the entire package using DPW, SLUG and YCD. Additionally, DHS provided basic computer training to the trainees.

The ten candidates underwent a comprehensive curriculum divided between classroom and field training. The curriculum focused on basic rodent biology, identification and survey techniques. In addition, because these individuals will deal with the public, the training included interpersonal

communication skills, writing, basic computer training, and CPR. At the end of the 18-day training period, six candidates graduated to become the core of this new program, which began in March of this year. Now, one month later, the four remaining candidates have graduated.

These individuals are working with Environmental Health staff in neighborhoods with significant rodent activity complaints. Through their assistance, the Department has already conducted 235 community/neighborhood surveys, and distributed 8,000 informational packets (in three languages).

This program addresses the rodent control problem in the City. It also has provided the trainees with a career path in public health or the pest control industry. DPH has been working with local pest control companies to develop entry level positions for program graduates.

The participants in the Vector Program are Haruna Abubakar, John W. Farrell, Michael Lewis and Frederick Smith.

Commissioners acknowledged the trainees and complimented the Environmental Health staff for this innovative training program.

6) **CONSIDERATION OF A RESOLUTION ON THE BOND PROGRAM TO REBUILD LAGUNA HONDA HOSPITAL**

Dr. Katz presented information requested by the Commission in the following areas:

- Information on other counties that own and operate skilled nursing facilities
- Information on the number of individuals who might be served from expanding the community programs (i.e., adult day health care, senior nutrition, etc.)
- Detailed discussion of the financing mechanisms
- An analysis of the ongoing operating budget of the new rebuilt hospital under scenarios of both increasing and decreasing Medi-Cal reimbursement rates.

Also included is information of skilled nursing beds within the State by county, various financial spreadsheets discussing the capital financing options, application of tobacco settlement receipts (along with the impact on various home values), the City and County's overall bond debt capacity, and detailed information on Medi-Cal funding for Laguna Honda at various assumptions on increases and decreases in reimbursement.

For a copy of the full report, contact the Commission Office at 554-2666.

Monique Moyer, Director of the Mayor's Office of Public Finance, discussed the City's debt capacity.

Commissioners Comments and Questions:

- Can the Governor use the tobacco funds for other areas? Yes, but there is support for Laguna Honda Hospital at the State level.
- Thanked staff for comprehensive analysis for the Laguna Honda Hospital bond.
- Would the property tax fluctuate depending on tobacco tax monies actually received? Yes.
- If Laguna Honda Hospital uses the facility for less skilled nursing beds, would the facility be used for other services: Yes, the mix of patients may show needs for other health services.

- Will the present Laguna Honda Planning Committee remain in place? Yes.

Monique Zmuda, Chief Financial Officer, pointed out the projected operating budget and the impact of less revenues coming to Laguna Honda Hospital.

Public Speakers:

Supports the Laguna Honda Hospital Bond as recommended by the Laguna Honda Hospital Planning Committee.

Bill Price, Senior Action Network
Gil L. Thornalley, supporter of LHH
Kay Bromley, former resident family member
Sonny Zuniquini, former resident family member
Frederick Hobson, S.F. Health Plan Board
Tom Nolan, Project Open Hand
Anthony Sacco, retired Union member

Stephen Vernon raised the question of allocation of resources to institutional care instead of community-based services; need for improved integration of services.

Norma Satten, Health Task Force with Planning for Elders in the Central City, expressed need to have resources allocated into home and community-based services.

Dr. Katz stated the resolution should read: "...at least" 140 assisted living units ... in the first Further Resolved.

President Monfredini requested active support from all of the Commissioners for this LHH bond.

Commissioner Chow requested two amendments to the resolution as follows:

The third Further Resolved to read: "... that the San Francisco Health Commission requests that the Department use its best efforts to secure the maximum reimbursement allowable from payers for the services of a distinct part skilled nursing facility", and

To add another Further Resolved: "... that the San Francisco Health Commission encourages continued planning on the citywide effort to expand the array of home and community-based services for elderly and disabled adults."

Action Taken: The Commission unanimously adopted Resolution #16-99, "Supporting Rebuilding Laguna Honda Hospital and Placing a Bond Measure on the November 1999 Ballot," (Attachment A), with Commissioner Chow's amendments.

7A) REVIEW OF THE DEPARTMENT OF PUBLIC HEALTH 9-MONTH REVENUE AND EXPENDITURE REPORT FOR FY 1998-99

Monique Zmuda, Department of Public Health Chief Finance Officer, reported the following:

The Department of Public Health is projecting a year-end shortfall of $19.2 million for FY 98-99 based on estimated expenditures and revenues for the third quarter ending March 31, 1999. Revenue

shortfalls of $40.1 million are projected to be offset by expenditure savings of $20.9 million. The projected shortfall is primarily due to: 1) reduced revenues at San Francisco General Hospital resulting from patient census that is above the budgeted level and a higher than expected volume of uncompensated care; and 2) reduced revenues at Laguna Honda Hospital resulting from reductions in patient census necessary to comply with the Department of Health Services and Department of Justice Plans of Correction.

This projection assumes approval of $5.6 million in General Funds to offset revenue losses at Laguna Honda Hospital. It also assumes approval of a $1.1 million supplemental appropriation for Population Health and Prevention to offset increased pharmaceutical expense for mental health services.

Projected FY 1998-99 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$ 465,651,795	$ 435,038,184	$ (30,613,611)	$ 465,651,795	$ 462,134,900	$ 3,516,895	$ (27,096,716)
Laguna Honda	121,942,175	114,176,983	(7,765,192)	121,942,175	119,776,945	2,165,230	(5,599,962)
Primary Care	44,994,719	42,299,280	(2,695,439)	44,994,719	41,453,286	3,541,433	845,994
Forensics	22,157,197	22,124,138	(33,059)	22,157,197	22,124,138	33,059	0
Subtotal	654,745,886	613,638,585	(41,107,301)	654,745,886	645,489,269	9,256,617	(31,850,684)
Population Health & Prevention							
Central Admin	19,168,863	19,197,432	28,569	19,168,863	19,287,683	(118,820)	(90,251)
Community Health	56,848,151	56,100,795	(747,356)	56,848,151	54,575,559	2,272,592	1,525,236
Mental Health	156,501,384	151,869,399	(4,631,985)	156,501,384	149,445,204	7,056,180	2,424,195
Substance Abuse	48,902,722	49,639,222	736,500	48,902,722	46,435,342	2,467,380	3,203,880
Subtotal	281,421,120	276,806,848	(4,614,272)	281,421,120	269,743,788	11,677,332	7,063,060
Subtotal DPH	936,167,006	890,445,433	(45,721,573)	936,167,006	915,233,057	20,933,949	(24,787,624)
LHH Supplemental	0	5,599,962	5,599,962	0	0	0	5,599,962
Total DPH	936,167,006	896,045,395	(40,121,611)	936,167,006	915,233,057	20,933,949	(19,187,662)

7B) CONSIDERATION OF SUPPLEMENTAL APPROPRIATION FOR $19.2 MILLION IN GENERAL FUNDS TO REDUCE THE DEFICIT AT SAN FRANCISCO GENERAL HOSPITAL FOR FY 1998-99

Ms. Zmuda reported:

The Department of Public Health is projecting a $40.1 million revenue shortfall this fiscal year. Expenditure savings of $20.9 million will offset a portion of the revenue loss. However, the net remaining shortfall to the Department of Public Health for FY 1998-99 is expected to be $19.2 million based on third quarter projections.

The Department is requesting a $19,187,662 supplemental appropriation to offset revenue shortfalls in FY 1998-99. If approved, the requested General Funds will be applied to reduce Medicare and patient revenues at San Francisco General Hospital. This request will allow appropriation authority to offset revenue losses with General Funds necessary to balance the budget for the Department of Public Health for the remainder of the fiscal year. No expenditure appropriations are requested.

Public Speakers:

Protested public health cuts, SFGH Pharmacy cuts, long wait lines at the SFGH Pharmacy.

William C. Brady, Emergency Coalition to Save Public Health
Ed Kinchley, SFGH Emergency Department
Rev. Ignatius DeGroot, St. Anthony's Catholic Church, submitted a petition with signatures to reopen the Family Health Center's pharmacy and give medications free of charge for patients who cannot afford them
Fern Ebeling, SFGH

In order to hear all of the speakers, President Monfredini limited speakers to one minute each.

Mary Magee, Local 790
Melchor Bustamante, patient
Michael Lyon
Dr. Colleen Townsend, SFIRA
Taejon Ahn, UCSF/SFGH
Dr. Pamela Swedlow, SFGH Dept. of Psychiatry
Jamie Noone, SFIRA
Rose Montgomery, Transgenders United for Equality
Pablo Roman-Alcala, Healthworks
Mark Whitman
Nora Roman, Emergency Coalition to Save Public Health
Dr. Jonathan Lee, SFGH

Commissioner Sanchez, after listening to the public speakers, suggested the Commission revisit the pharmacy issue and review the standards for quality of care. He proposed an amendment to the requested supplemental with an additional $900,000.

Dr. Katz reminded the Commission to look at the overall priorities of the Commission and whether the Pharmacy would be the top priority.

Commissioner Guy felt the proposed additional supplemental would be inappropriate for now. Looking at the overall strategy, she would not want to jeopardize the $19.2 million supplemental request by this additional $900,000.

Commissioner Hill reminded the public of the Mayor's large commitment to cover the SFGH deficit. He encouraged the community to get real about the overspending at SFGH.

Commissioner Parker does not presently know how much funding is actually needed for the Pharmacy.

Commissioner Umekubo suggested to proceed with the proposed $19.2 million supplemental but relook at the Pharmacy issue with more data on the waiting times.

After urging the Department to continue looking for other resources and data on the Pharmacy, Commissioner Sanchez withdrew his proposed $900,000 amendment to the $19.2 million supplemental.

Action Taken: The Commission unanimously approved the $19.2 million General Fund supplemental appropriation to reduce the deficit at SFGH for FY 1998-99.

Commissioner Chow suggested the quality assurance issues around the Pharmacy issue be on the next agenda for the Joint Conference Committee of the Community Health Network.

Commissioner Guy stated that the Strategic Plan requested by the Commission will help address the priorities of the Commission.

8) **CONSIDERATION OF ADOPTION OF A NEW REGULATION FOR ISSUANCE OF REFUSE COLLECTION PERMITS FOR NON-FEDERAL FACILITIES AT TREASURE ISLAND AND YERBA BUENA ISLAND ('TI & YBI"); AND ADOPTION OF A REVISION OF AN EXISTING REGULATION FOR ISSUANCE OF REFUSE COLLECTION PERMITS FOR FEDERAL FACILITIES ("1992 REGULATION")**

Dr. Katz presented the following:

The Department of Public Health permits refuse collectors in the City and County to ensure that waste collected and disposed of in a sanitary and safe manner. Currently, we lack a mechanism to issue permits for Treasure Island and Yerba Buena Island because of their recent change in status. Adopting the proposed TI & YBI Regulation will provide the City with a means to issue refuse collection permits for refuse collection from non-federal facilities on Treasure Island and Yerba Buena Island. We are simultaneously revising the existing Regulation regarding the permitting process for federal facilities to make it consistent with the proposed TI & YBI regulation. Additionally, the proposed TI & YBI Regulation and the proposed revisions of the existing Regulation implement the requirements of the City's 1932 Refuse Collection and Disposal Ordinance. The two proposals will provide the Department with a process for the orderly issuance of refuse collection permits for refuse collection from six federal facilities in the City and from the non-federal facilities in Treasure Island and Yerba Buena Island.

At the Commission's April 6, 1999 meeting, the Commission solicited and heard public comments from representatives of two refuse collection companies, Norcal Waste Systems, Inc., and Bay Cities Refuse Service, Inc. Among the issues raised were Bay Cities contention that the permit that it currently holds for refuse collection from the Islands is exclusive; and Norcal's assertion that the proposed revision of the existing Regulation expands the scope of the regulation to all federal facilities within the City.

Regarding the exclusivity of refuse collection permits, it is the City's long standing position that ***refuse collection permits issued by the City are not exclusive.*** This position was upheld in a 1992 case before the Superior Court, WRT v. DPH, Case #943626, and reaffirmed by the San Francisco Board of Permit Appeals in 1994.

Regarding expanding the scope of existing Regulation, EHS recognizes that the language of the revision may be misconstrued to include other federal facilities located in the City. It had not been EHS' intention to expand the Scope of the existing Regulation. Hence, EHS is ***reinstating the original language limiting the scope of the revised Regulation to the six sites identified in the 1992 Regulation.***

Supporting documents submitted were:

1. Background document detailing specifics pertaining to the two proposals
2. Copy of the proposed TI & YBI Regulation
3. Copy of the Department's existing Regulation wherein the proposed revisions are highlighted.. Additionally, a clean copy of the revised Regulation, which incorporates all the proposed changes, was included.

4. Copy of the Department of City Planning's Certificate of Determination, and a copy of a January 19,. 1999 letter from EHS to the Department of City Planning.
5. Copy of an April 20, 1999 Memorandum from Deputy City Attorney William Chan to the Health Commission and Dr. Mitch Katz. This memorandum summarizes the rational for the two EHS proposals and addresses the issues raised by the public at the Commission's April 6, 1999 meeting.

Deputy City Attorney William Chan has reviewed and approved, as to form, the resolutions, the proposed revisions of the existing Regulation and the proposed TI & YBI Regulation. The Health Commission is authorized to adopt the two proposals under the City Charter, Section 3.500. Additionally, these proposals need not go before the Board of Supervisors.

Public Speakers:

Alan Sparer, Sunset Scavenger and Golden Gate Disposal, indicated his withdrawal of original objections.

Albert Bianchi, representing Bay Cities Refuse, requested entitlement to exclusivity and requested his letter to the Commission dated April 1, 1999 be included in the records.

Action Taken: The Commission unanimously approved Resolutions #17-99, "Adopting Regulation for the Orderly Issuance of Refuse Collection Permit for Non-Federal Facilities at Treasure Island and Yerba Buena Island," (Attachment B), and #18-99, "Revising the Federal Facilities Refuse Collection Permit Regulation to Harmonize it With Refuse Collection Permit Regulation for Non-Federal Facilities at Treasure Island and Yerba Buena Island," (Attachment C).

9) CONSIDERATION OF THE SAN FRANCISCO GENERAL HOSPITAL QUALITY ASSURANCE PLAN

Dr. John Luce, Medical Director for Quality Management, presented Administrative Policy #17.1, Quality Improvement Program.

The purpose of the Quality Improvement (QI) Program is to promote organizational performance improvement in the delivery of patient care. This policy defines the systematic process used to measure, assess and improve care delivered to patients and the organizational functions which support the delivery of this care.

Action Taken: The Commission unanimously approved the San Francisco General Hospital Quality Assurance Plan.

10) PUBLIC COMMENTS

Lincoln Madison expressed his criticism of Dr. Katz's recent statements in the press regarding bath houses.

President Monfredini offered to meet with Mr. Madison.

11) CLOSED EXECUTIVE SESSION:

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION**

None.

B. **VOTE ON WHETHER TO HOLD CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

Action Taken: The Commission voted to hold a Closed Session.

The Commission went into Closed Session at 7:20 p.m.

Commissioners Monfredini and Hill left at 8:17 p.m.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SESSION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION

DEPARTMENT OF JUSTICE REVIEW OF LAGUNA HONDA HOSPITAL

The Commission came out of Closed Session at 9:10 p.m.

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

None.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action Taken: The Commission voted not to disclose any discussions held in the Closed Session.

The meeting was adjourned at 9:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-99

SUPPORTING REBUILDING LAGUNA HONDA HOSPITAL AND PLACING A BOND MEASURE ON THE NOVEMBER 1999 BALLOT

WHEREAS, Laguna Honda Hospital and Rehabilitation Facility provides skilled nursing care to 1,065 frail elderly and disabled adults and has traditionally served 1200 resident; and,

WHEREAS, Laguna Honda Hospital must be rebuilt to comply with federal licensing and reimbursement standards and to ensure that the facility meets seismic safety standards; and,

WHEREAS, the Health Care Financing Administration has required the Department to reduce census at Laguna Honda to enhance resident privacy, and if Laguna Honda is not rebuilt at federal standards, then the Health Care Financing Administration may seek further reductions in the Hospital's census or decertification of the facility; and,

WHEREAS, projections indicate that there will be increased demand for skilled nursing care in San Francisco by the year 2010 and beyond, which support the need to continue Laguna Honda Hospital as a vital component of the long-term care delivery system; and,

WHEREAS, the San Francisco Health Commission supported the creation of a Planning Committee to bring recommendations on how to rebuild Laguna Honda Hospital to the Health Commission, Board of Supervisors and the Mayor; and,

WHEREAS, the Laguna Honda Hospital Replacement Planning Committee was formed to make programmatic, technical and financial recommendations on the rebuilding of the Hospital and the use of the Campus, and,

WHEREAS, the Laguna Honda Hospital Replacement Planning Committee and its sub-committees were diverse and represented the perspective of consumers, providers, advocates, community-based organizations, labor, business and other interested parties; and,

WHEREAS, the Laguna Honda Hospital Replacement Planning Committee adopted the following recommendations: (1) rebuild Laguna Honda Hospital, (2) rebuild Laguna Honda on the existing Forest Hill site, (3) build a single skilled nursing building in Clarendon Valley, (4) place 1,200 skilled nursing facility beds in the new facility, (5) have a bed mix of 20% private and 80% semi-private rooms [this includes seven 4-bed rooms], (6) expand the existing Adult Day Health Center, senior nutrition, and animal/horticultural therapy program, and develop a child care center for employees, and aqua therapy for residents, (7) demolish Clarendon Hall and prepare the site for assisted living, and (8) place at least 140 assisted living units on the former site of Clarendon Hall; and,

WHEREAS, assisted living is being proposed on the Laguna Honda Campus to ensure that the Campus has a range of housing opportunities, and to address a deficit in the number of assisted living/supportive housing opportunities for the elderly and disabled in the City and County; and,

WHEREAS, the project cost of replacing Laguna Honda Hospital and providing a $15 million commitment for assisted living is $437,045,000, which includes financing costs; and,

WHEREAS, the recommendation of the Laguna Honda Hospital Replacement Planning Committee is that general obligation bond(s) and/or other evidence of indebtedness be used to finance this project; and,

WHEREAS, while the source or repayment for general obligation bonds is ad valorem property taxes, the Departmental also believes that other sources of funds can be used to pay a portion of the rebuilding costs; and,

WHEREAS, San Francisco expects to receive an estimated $585 million in tobacco settlement funds over the next 25 years; and,

WHEREAS, the Laguna Honda Hospital Replacement Planning Committee recommends using tobacco settlement funds for the replacement of Laguna Honda because it is consistent with using these funds for health-related purposes; and,

WHEREAS, tobacco settlement receipts are recommended for debt service on construction, equipment and other related financing costs as the first and primary source to pay off capital costs of the project; and,

WHEREAS, the Department is working with its legislative delegations to determine whether State and/or federal funds are available to pay for a portion of the replacement costs, and if funding is received, then it would be applied to reduce the debt service on the bonds; and,

WHEREAS, the pro forma operating analysis indicates that the City and County General Fund subsidy for Laguna Honda will increase by $9.1 million in the new hospital's first full year of operation, and by $18 million by the fourth year of operation, based on the assumption that Medi-Cal reimbursement would remain stable and expenditures would increase; and,

WHEREAS, increased General Fund contribution would be required for Laguna Honda whether or not the Hospital is rebuilt given Medi-Cal reimbursement trends; and,

WHEREAS, the replacement of Laguna Honda Hospital is not in conflict with the goal of caring for individuals in the community, whenever it is appropriate to do so, because the Hospital is designed for elderly and disabled adults who cannot be cared for in either their homes and/or community-based settings; now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports the need to continue providing skilled nursing facility care to ensure that elderly and disabled adults, who cannot be cared for in the community, have access to vital rehabilitative and restorative services; and be it

FURTHER RESOLVED, that the San Francisco Health Commission supports the proposal of the Laguna Honda Hospital Replacement Planning Committee to build a 1,200 skilled nursing bed facility and at least 140 assisted living units on the existing Forest Hills site of Laguna Honda at a project cost of $437,045,000; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission supports the use of San Francisco's entire tobacco settlement funds to cover a portion of the debt service related to the replacement of Laguna Honda; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission requests that the Department use its best efforts to secure the maximum reimbursement allowable from payers for the services of a distinct part skilled nursing facility; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission encourages continued planning on the Citywide effort to expand the array of home and community-based services for elderly and disabled adults; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission requests the Department of Public Health continue to evaluate the state-of-the-art of long-term care, (including a variety of options to care for the disabled and elderly in the community), propose well-balanced, integrated services for the coming decade and present regular updates on the progress of these efforts; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission recommends to the Board of Supervisors and the Mayor to proceed with the placing of a general obligation bond(s) and/or other evidences of indebtedness on the November 1999 ballot.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, May 4, 1999.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 17-99

ADOPTING REGULATION FOR THE ORDERLY ISSUANCE OF REFUSE COLLECTION PERMIT FOR NON-FEDERAL FACILITIES AT TREASURE ISLAND AND YERBA BUENA ISLAND

WHEREAS, the Refuse Collection and Disposal Ordinance of 1932, as amended (Initiative Ordinance), requires persons collecting refuse in the City and County of San Francisco to be permitted; and,

WHEREAS, federal facilities must comply with the requirements of the Initiative Ordinance pursuant to Section 6001 of the Resource Conservation and Recovery Act of 1976, as amended; and,

WHEREAS, in 1992, the Health Commission adopted the Federal Facilities Refuse Collection Permit Regulation governing the issuance of refuse collection permits for federal facilities within the exterior boundaries of the City and County of San Francisco; and,

WHEREAS, refuse collectors at Treasure Island and Yerba Buena Island were previously permitted under the Federal Facilities Refuse Collection Permit Regulation; and,

WHEREAS, the City and County of San Francisco has assumed control and management of certain facilities at Treasure Island and Yerba Buena Island, and will ultimately become the owner of such facilities; and,

WHEREAS, the Federal Facilities Refuse Collection Permit Regulation does not apply to refuse collection for City-managed facilities at Treasure Island and Yerba Buena Island since such facilities are no longer federal facilities; and,

WHEREAS, the Health Commission desires to provide for the orderly issuance of refuse collection permits for City-managed facilities at Treasure Island and Yerba Buena Island; now, therefore, be it

RESOLVED, that the Health Commission, hereby adopts the Regulation for Issuance of Refuse Collection Permits for Non-Federal Facilities at Treasure Island and Yerba Buena Island.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, May 4, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 18-99

REVISING THE FEDERAL FACILITIES REFUSE COLLECTION PERMIT REGULATION TO HARMONIZE IT WITH REFUSE COLLECTION PERMIT REGULATION FOR NON-FEDERAL FACILITIES AT TREASURE ISLAND AND YERBA BUENA ISLAND

WHEREAS, the Refuse Collection and Disposal Initiative Ordinance of 1932, as amended (Initiative Ordinance), requires persons collecting refuse in the City and County of San Francisco to be permitted; and,

WHEREAS, federal facilities must comply with the requirements of the Initiative Ordinance pursuant to Section 6001 of the Resource Conservation and Recovery Act of 1976, as amended (RCRA); and,

WHEREAS, in 1992, the Health Commission adopted the Federal Facilities Refuse Collection Permit Regulation governing the issuance of refuse collection permits for federal facilities within the exterior boundaries of the City and County of San Francisco; and,

WHEREAS, this Commission is concurrently considering the adoption of a regulation governing the issuance of refuse collection permit for non-federal facilities at Treasure Island and Yerba Buena Island, which is different from the existing Federal Facility Refuse Collection Permit Regulation; and,

WHEREAS, Section 6001 of RCRA requires local government to regulate federal facilities in the same manner as non-federal facilities; and,

WHEREAS, the Health Commission desires to harmonize the Federal Facilities Refuse Collection Permit Regulation with the Regulation for the Issuance of Refuse Collection Permit for Non-Federal Facilities at Treasure Island and Yerba Buena Island; now, therefore, be it

RESOLVED, that the Health Commission hereby amends the Regulation for Issuance of Refuse Collection Permits for Federal Facilities.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, May 4, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

May 18, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING MAY 4, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **CHN**– Request for approval of renewal contract with Health Management Systems, Inc. (HMS) for electronic claims processing, retroactive claims reprocessing and managed care consulting and data processing services for the Community Health Network, for the period of July 1, 1999 through June 30, 2003. Reimbursement for the claims processing services is based on contingency fees from revenues collected. (DPH contracted with HMS for services totaling $1,980,000 during FY 1997-98).

(3.2) **CHN-HAH** – Request for approval of a new sole source contract with Nations Healthcare/Home Medical of America for the provision of home infusion therapy services in an amount not to exceed $85,080 for the period of June 1, 1999 through February 28, 2000.

(3.3) **PHP-HIV Prevention Services** – Progress report on the Haight Ashbury Free Clinics, Inc. (HAFC) - Prevention Case Management and Venue-Based Individual Outreach contract (POHC99001060), and request for approval to renew contracted services in the amount of $339,019 for the period of July 1, 1999 through June 30, 2000. (DPH contracted with HAFC for services totaling $15,119,656 during FY 1997-98).

(3.4) **PHP-CHS-Mental Health and Substance Abuse** – Request for approval of modification to the contract with UCSF Langley Hospitals and Clinics for the provision of mental health services by a mental health provider group to amend the maximum compensation provision. (DPH contracted with Langley for services under a managed care contract for $20,000 for three months during FY 1997-98).

(3.5) **PHP-CHS-Mental Health and Substance Abuse** – Request for approval of retroactive contract renewal with the County of San Mateo, San Mateo County General Hospital Long Term Care Services (SMGH), in the amount of $138,700 per year, to provide 24-hour skilled nursing gero-psychiatric services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with San Mateo County for services totaling $2,563,183 during FY 1997-98).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR MAY 1999**

6) **PRESENTATION OF THE EMERGENCY MEDICAL SERVICES REPORT**

7) **PRESENTATION OF A YOUTH SUICIDE PREVENTION BRIEFING PAPER**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

99

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, May 18, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:08 p.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D.
Commissioner Ron Hill

On behalf of the Commission, President Monfredini presented Deputy City Attorney Paula Jesson with a special Certificate of Appreciation for her dedicated work with the Department for the past 11 years. Ms. Jesson will be working at the Airport.

Ms. Gloria Louie, who also will be going to the Airport, will be given a Certificate of Appreciation for her 11 ½ years as the Department's EEO Director.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 4, 1999.

Action Taken: The Commission unanimously adopted the minutes of May 4, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr. Ph.D.)

(3.1) **CHN**– Request for approval of renewal contract with Health Management Systems, Inc. (HMS) for electronic claims processing, retroactive claims reprocessing, managed care consulting and data processing services for the Community Health Network, for the period of July 1, 1999 through June 30, 2003. Reimbursement for the claims processing services is based on contingency fees from revenues collected. (DPH contracted with HMS for services totaling $1,980,000 during FY 1997-98).

Commissioner Sanchez requested an update and review in a year (May 2000) regarding compliance with Policy #24.

(3.2) **CHN-HAH** – Request for approval of a new sole source contract with Nations Healthcare/Home Medical of America for the provision of home infusion therapy services in an amount not to exceed $85,080 for the period of June 1, 1999 through February 28, 2000.

(3.3) **PHP-HIV Prevention Services** – Progress report on the Haight Ashbury Free Clinics, Inc. (HAFC) - Prevention Case Management and Venue-Based Individual Outreach contract (POHC99001060), and request for approval to renew contracted services in the amount of $339,019, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with HAFC for services totaling $15,119,656 during FY 1997-98).

Public Speaker: Stephen Kavanaugh expressed concerns on effective condom distribution by the contractor.

(3.4) **PHP-CHS-Mental Health and Substance Abuse** – Request for approval of modification to the contract with UCSF Langley Hospitals and Clinics for the provision of mental health services by a mental health provider group to amend the maximum compensation provision. (DPH contracted with Langley for services under a managed care contract for $20,000 for three months during FY 1997-98).

Commissioner Sanchez abstained on this item.

(3.5) **PHP-CHS-Mental Health and Substance Abuse** – Request for approval of retroactive contract renewal with the County of San Mateo, San Mateo County General Hospital Long Term Care Services (SMGH), in the amount of $138,700 per year, to provide 24-hour skilled nursing geropsychiatric services for the period of July 1, 1998 through June 30, 2002. (DPH contracted with San Mateo County for services totaling $2,563,183 during FY 1997-98).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.4.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Governor's May Revision to the FY 1998-99 and 1999-00 Budgets

Overview

The Department of Finance released the May Revision to the current State fiscal year budget and Governor Davis' proposed fiscal year 1999-00 budget on May 14th. On a positive note, the revision reflects revenues higher than anticipated in the Governor's January budget by a total of $4.3 billion for the two fiscal years (by $1.6 billion in the current year and by $2.7 billion in FY 1999-00). The Revision document assumes the unexpected revenue is a one-time occurrence. This assumption led the Governor to propose using most of the surplus for one-time expenditures.

In general, the $4.3 billion is proposed to be allocated as follows:

- $1.2 billion for improving education, in part required by Proposition 98;
- $1 billion for infrastructure development;
- $500 million for mandatory –caseload driven – spending primarily for Social Services, with a portion for Child Health Disability Prevention;
- $250 million for Vehicle License Fees (VLF) set aside (in anticipation that VLF will be further reduced 25 to 35 percent in FY 2000-01);
- $800 million for other policy initiatives, litigation and salary increases; and
- $570 million to bring the State General Fund Reserve to $985 million.

The Senate and Assembly Budget Committees have been holding hearings on the Governor's budget and proposed augmentations for several weeks, and will hold hearings this week on the May Revision. There are major differences among the Assembly and Senate budget committee proposals and the Governor's proposal. The Budget Conference Committee is expected to convene by the end of May to resolve the differences between the Assembly and Senate budget proposals, so that negotiations with the Governor can begin. The constitutional deadline for the Legislature to return a budget to the Governor is June 15, 1999 for FY 1999-00, which begins July 1, 1999.

With respect to health and mental health, the May Revise proposes increasing State funding by $209.4 million in FY 1999-00. The Revision also proposes a $110 million reserve for the expansion of the Healthy Families Program, rate increases for Medi-Cal managed care providers, implementation of nursing home industry reforms, and wage increases for In-Home Supportive Services (IHSS) providers. The Administration in conjunction with interest groups and the Legislature will develop details and specific allocations for these proposals. The total proposed State General Fund expenditures for health and human services in FY 1999-00 are $16.7 billion, 26.4 percent of the budget. Specific health-related components of the May Revision follow.

Proposition 99
Statewide funding for the California Healthcare for Indigents Program (CHIP) as proposed in the May Revision will be ***reduced 48 percent*** since the budget was enacted for FY 1998-99. While part of the reduction is due to tobacco tax revenues, a significant portion is due to the Administration's shifting of some Proposition 99 funds away from County services in order to fund mandated State programs.

For San Francisco, this would result in an estimated reduction of $3.7 million, $3.3 million for San Francisco General Hospital and the remainder for support to private providers of health care to the uninsured. The Senate and Assembly Budget Committees have taken different actions on Proposition 99 allocations, so this will be a major issue in Budget Conference Committee and in negotiations between the Legislature and the Administration. The Department is working closely with the Mayor's Office, the City's Sacramento lobbyist, and members of our delegation to restore the funding for Proposition 99 CHIP services.

AIDS Drug Assistance Program (ADAP)/HIV Programs
ADAP costs are projected to decrease due to additional federal funds and program efficiencies. The Governor proposes allocating $9.2 million saved in the State ADAP to various HIV/AIDS programs, including:

- $1.9 million to expand access to the Early Intervention Program;
- $1 million for Residential Care Facilities for the Chronically Ill;

- $3 million for HIV prevention programs, with a focus on African American and Latino men who have sex with men and high risk youth in counties with the highest rates of HIV infection in youth;
- $1.3 million to provide targeted prevention, outreach, and care to communities of color; and
- $2 million for HIV/AIDS prevention program evaluation and behavioral surveillance research.

The Senate and Assembly Budget Committees have passed differing allocations for these programs, as well as for additional programs, such as diagnostic testing, partner counseling and referral services, and HIV testing at family planning clinics. The Department is working with the California HIV Advocacy Coalition, the Mayor's Office, and the City's Sacramento lobbyist to support allocation of sufficient funding for these programs.

Other Health-Related Proposals

- **Medi-Cal** expenditures are estimated to increase by $184.4 million over the January estimate despite a continuing caseload decline, due to rising costs and utilization. An additional $184.8 million General Fund is allocated to Medi-Cal for the following: family planning; increased reimbursement rates for children's hospitals; mental health services; new drugs; new vaccines; medical equipment and supplies; and Medi-Cal services related to Department of Developmental Services clients.

- **Healthy Families** enrollment estimate is now 250,000, down 54,000 from the January estimate, decreasing General Fund expenditures by $5.2 million. However, the Governor continues to propose a $2 million General Fund increase to apply Medi-Cal income deductions to Healthy Families applicants, expected to result in an additional 14,200 children being enrolled. Further expansion of the program will be considered as part of the $110 million increase noted above for various health-related purposes.

- **A California Health Interview Study** ($1 million General Fund and $1 million private and federal funds) would be conducted statewide regarding individual health status, risk behaviors, insurance coverage, and service utilization.

- **The Child Health and Disability Prevention Program (CHDP)** would be increased by $1.3 million ($0.8 million General Fund), for a new initiative to provide Hepatitis A and Rotavirus vaccines.

- **Chlamydia Prevention** education would be expanded, with a focus on high-risk uninsured women and their partners, through a $1.3 million General Fund increase.

- **The California Poison Control System** would receive increased funding of $2 million General Fund.

- **The Department of Mental Health** would receive an increase of $8.2 million General Fund for increased census in State hospitals, evaluation costs for Mentally Disordered Offenders, and the Brain Damaged Adults Program. Anticipated changes in mental health managed care include adjustments for inpatient services and in specialty mental health professional services, resulting in a net increase of $4.4 million (-$2.5 million General Fund, +$6.9 million reimbursements).

The May Revision does not propose allocation of additional public health subvention funding to local public health services for communicable disease control efforts, although the Assembly and Senate Budget Committees passed augmentations of $7.7 million and $10 million, respectively, for this purpose.

In addition, the May Revision does not propose funding ancillary services provided for patients in Institutes for Mental Disease (IMDs). This funding is needed due to the Governor's January proposal to use State funding to repay the federal government for an audit exception resulting from billing for ineligible ancillary Medi-Cal services provided to individuals in IMDs. Consequently, the Governor discontinued allocation of State or federal funds for these services, which include physical health care, medications, laboratory costs, and some specialty mental health services. The Governor's budget shifts responsibility for these services to counties beginning in FY 1999-00, with no assistance from State funds.

1999 State of the City Public Health Address

Last week Dr. Katz delivered the State of the City Public Health Address before the Board of Supervisors. All members of the Health Commission have been provided copies of the report. The Department has given this Address for the last four years to provide the public and our elected officials with information on the health status of the community. Remarks focused on the funding challenges facing the Department, the need to meet the health needs of a growing elderly and disabled population, the spread of communicable diseases, and the need for continued funding for substance abuse and mental health services. Dr. Katz acknowledged the work done by Richard Hodgson of the Office of Policy and Planning in working on this report. Population Health and Prevention compiled the overview of the health status of San Francisco. The report will be available on the Department's web site at www.dph.sf.ca.us.

Clean Needle and Syringe Exchange

Dr. Katz reported that Assembly Bill 518 (Mazzoni – Marin County) passed the Assembly on its third reading last week. This Bill would allow for clean needle and syringe exchange projects within California. As you know, the City and County of San Francisco has operated a needle exchange program under a continuing two-week state of emergency declared by the Board of Supervisors. If this Bill is passed by the Legislature and signed by the Governor, San Francisco and other counties could develop these programs under State law. The Department of Public Health, working with the Mayor's Office, will continue to support these programs, which dramatically curtail the spread of HIV, hepatitis and other communicable diseases within our community and within the State.

Health and Human Services Region IX Director

Catherine Dodd, RN, MS, has been appointed as Regional Director of the Department of Health and Human Services for Region IX. Ms. Dodd will be the principal liaison between the federal government and the States of Arizona, California, Hawaii and Nevada on a range of health and social service issues. Ms. Dodd has worked on health issues for a significant number of years in the Bay Area. She most recently served as the Director of Government and Community Relations for Kaiser Permanente Golden Gate Service Area. Ms. Dodd has significant clinical experience, including having worked at San Francisco General Hospital as a Quality Management Nurse Analyst, and as the Director of the Women's Health Center. Catherine has worked with diverse and the vulnerable populations, and is knowledgeable about larger State and federal policy issues.

POPULATION HEALTH AND PREVENTION

Children's Environmental Health Promotion

As part of the Department's ongoing efforts to promote the health of children with asthma, Children's Environmental Health Promotion and the San Francisco Unified School District produced a well-

attended half day presentation on "Taking the Lead Toward Population-Based Disease Management." The program focused on a model asthma intervention program for school children in Los Angeles County, and their use of a comprehensive health management software program for case management and aggregate data analysis. Gail Herrick, Public Health Nurse, put the program together.

DPH/SF State University Masters in Public Health Program

Over the past year students and faculty from the SFSU Masters in Public Health Program have worked with staff from the Department of Public Health to conduct critical needs assessments in communities in San Francisco. Staff who served as preceptors include: Patricia Erwin, Newcomer's Program; Martha Ryan, Homeless Prenatal Program; Ginger Smyly, Community Health Promotion and Prevention; Laura Thomas, HIV Services Section; Jeff Klausner and Jacque McCright, STD Prevention and Control; and Jennifer Mann, Community Health Epidemiology and Disease Control.

On May 28, 1999 the students will present the results of the assessments, including:

- The Challenges of Adequately Serving Bosnian Refugees
- Childcare: A Cornerstone for Stability
- The Health Status of African Americans: Awareness and Opinions from DPH Staff
- Needs, Barriers and Priorities: A City-Wide HIV/AIDS Service Provider Survey
- Determinants of Effective STD Prevention Interventions Among Young African Americans
- Content and Challenges for Data Analysis: A community Based Survey in Bay View Hunters Point

The presentation will be held at The Main Library on May 28 from 1:00 - 4:30 p.m..

San Francisco Alcohol Policy Coalition

The first meeting of the newly formed San Francisco Alcohol Policy Coalition will be held on June 24th from 4:00-6:00 at 101 Grove Street. At this meeting, a coalition of community members, community based organizations and the Department of Public Health will begin crafting a policy agenda for reducing alcohol-related problems in San Francisco. The Marin Institute, a leader in this field, will provide assistance.

St. James Infirmary

The STD Program is collaborating with BaySwan (Bay Area Sex Worker Advocacy Network) to establi an evening clinic for sex workers. The Clinic will be called the St. James Infirmary and will initially operate out of City Clinic. The Clinic will be open on Wednesday evenings from 6 - 9 p.m. starting Jun 2 to end of year 1999, and will be staffed by STD Program personnel, BaySwan staff and volunteers.

The St. James Infirmary staff will conduct a comprehensive medical, social and emotional needs assessment of sex workers in San Francisco as well as provide reproductive/sexual/health/medical care, STD/HIV education, risk reduction counseling, HIV counseling and testing and specialty referrals, including alcohol and substance abuse, needle exchange, occupational health, psychiatric services, HIV post exposure prevention and rheumatological disorders. The Clinic will also provide free condoms and STD/HIV brochures.

California Mental Health Disaster Assistance Conference

On May 26th and 27th, Community Mental Health Services and the State Department of Mental Health will co-host the first California Mental Health Disaster Assistance Coordinators Conference. Items on the program include school violence, mutual assistance, and disaster mental health response

and recovery programs, in collaboration with the American Red Cross and Veterans Administration. Linda Wang, CMHS Disaster Coordinator, is responsible for the planning and arrangements.

COMMUNITY HEALTH NETWORK

San Francisco General Hospital JCAHO Survey This Week

After months of hard work, the Joint Commission on Accreditation of Health Organizations began its tri-annual week long survey of San Francisco General Hospital Medical Center (SFGH/MC) yesterday. The surveyors will be at the hospital through Friday. Dr. Katz thanked the Commission for their participation and support.

Laguna Honda Hospital Replacement

The Laguna Honda Hospital Replacement Planning Committee continues to meet. The proposal to replace the facility has been filed with the Board of Supervisors for consideration. The Finance Committee of the Board of Supervisors will hold a hearing on this matter in June 9th, at 10:00 a.m., with a full Board review June 14th.

AIDS HERO Award for 1999

The Tom Waddell Health Center HIV team has been awarded an AIDS Hero Award for 1999. For the past 10 years this dedicated group has cared for homeless people, drug users, people with mental health disorders and those who are unable to find accessible and acceptable care elsewhere. On Sunday May 16, 1999 at the San Francisco AIDS Candlelight Vigil, the HIV team is being honored for 10 years of service to HIV positive people.

SFGH Appointments	5/99	YTD
New Appointments	08	79
Reappointments	08	182
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	10	73
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	10	22
Voluntary Relinquishment	03	04

Current Statistics – as of 5/4/99

Active Staff	358
Affiliate Professionals	134
Courtesy Staff	567
Referring Staff	50
Total Members	1109
Applications in Process	59
Reappointment In Process	48
Reappointment Requested not Received (Due through 8/99)	32

The CHN Utilization Data Report was given to the Commissioners.

Commissioner Guy requested progress information on a universal health care bill at the State level, especially since the Health Commission has a priority for universal health care.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR MAY 1999

On behalf of the Commission, President Monfredini presented the award to one employee:

Individual Nominee	Division	Nominated by
Lisa Palladino	PH & P Environmental Health	Jack Breslin

6) PRESENTATION OF THE EMERGENCY MEDICAL SERVICES REPORT

Dr. John Brown, Emergency Medical Services Medical Director, announced that during EMS Week (May 16-22, 1999) two individuals are being honored for their work in Emergency Medical Services. The provider award was presented to Michael Kniess, SFFD Paramedic; and the public award went to Librada Cavanan, operator and caregiver of Palarca Rest Home.

Dr. Brown gave updates on the following:

- Public Access Defibrillation Program
- Basic Life Support Ambulance Pilot Program
- Hospital Diversion
- Senior and Disabled Disaster Registry
- 1998 Activity Summary

Dr. Marshall Isaacs, FACP, EMS Medical Director; and Richard Shortall, EMT-P, EMS Chief, presented the Fire Department's EMS Division Annual Report.

The San Francisco Fire Department has been responsible for the operational provision of Emergency Medical Services (EMS) Dispatch and Communications, First Response, Early Defibrillation Basic Life Support (BLS), Advanced Life Support (ALS), Ambulance Transport, Multicasualty Incident (MCI) Management, and Specialized Rescue Services for the residents of and visitors to San Francisco

Commissioners Comments:

- Commended the improvement in the senior disaster registry program
- Impressed with the smoothness of the merger
- Interested in the impact of HMO's on the utilization of emergency medical services
- With the training and job classification issues, what obstacles would come up in the next phase
- Critical priorities would be supervision and training
- Inquired about the resuscitation and patient destination protocols and policies

President Monfredini thanked both the Health and Fire Departments for the comprehensive, easy to read reports.

7) PRESENTATION OF A YOUTH SUICIDE PREVENTION BRIEFING PAPER

Dr. Larry Meredith, Director of Health Promotion, reported that Board of Supervisors' President Tom Ammiano introduced an ordinance calling for the creation of a youth suicide prevention initiative. The Department, working with the Youth Commission and community experts, formed a planning group and developed a briefing paper.

Eve Meyer, S.F. Suicide Prevention; Dr. Janet Shalwitz, Maternal, Child, and Adolescent Health; and Jack Rabin, Community Mental Health Services, outlined the Recommendation and Next Steps (Attachment A).

Commissioners' Comments:

- The Commission would want to develop support for this report
- Costs, data on programs, and profiles of youth are needed
- Community needs to work together to protest and respond to youth suicides
- Centralized data collection and integration of efforts are needed in an overall prevention program

President Monfredini requested the Department to bring back to the Commission a proposed resolution on youth suicide prevention.

Commissioner Umekubo left at 5:00 p.m.

8) OTHER BUSINESS/PUBLIC COMMENTS

Public Speakers: William C. Brady raised questions on parts of the May 4, 1999 Health Commission Minutes and the budget cuts and waiting times at the SFGH Pharmacy.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

I. Broadly Define Youth Suicide Prevention

The causes and risk factors for youth suicide are numerous and deeply-rooted in complex social and psychological experiences. Rather than focusing solely on the emotions and events that immediately proceed a suicide attempt, the following recommendations from the San Francisco Youth Suicide Prevention Initiative are intended to expand and improve the continuum of care for San Franciscans under the age of 25. The needs of youth should be addressed on multiple levels, from City-wide planning efforts to promoting support and resources for parents. Efforts to prevent youth suicides in San Francisco should enhance overall youth development.

II. Build on Existing Work/Planning Efforts

A number of documents that touch on youth development and the needs of at-risk youth in San Francisco have been produced by myriad City agencies and organizations. These materials contain recommendations and significant findings that should be built upon by any new youth suicide prevention activities.

III. Establish Citywide Standardized Risk Assessment and Referral Procedures for Early Intervention

Various protocols for youth suicide early intervention have been or are currently being developed to guide individuals who work with youth. Some of these models are San Francisco-specific, whereas others are regional, national or international. In order to ensure that individuals who work with youth -- from parents to providers to service workers and teachers -- are well-prepared to identify and help at-risk youth, we recommend that:

1. Policy makers, city agencies, and providers should come to a consensus about which of the existing early intervention risk assessment and referral procedures for youth suicide would be most appropriate to implement in San Francisco.

2. Assessment and referral procedures should be included in programs of all public agencies, non-profit organizations and private entities that serve youth in San Francisco.

3. In order to effectively implement the assessment and referral procedures, all relevant agencies, organizations and providers, should receive training around youth development and risk factors for suicidal youth as well as about the intent and appropriate integration of the procedures.

IV. Create and Maintain a Centralized Youth Suicide Early Intervention Service

In conjunction with developing standardized City-wide assessment and referral procedures, a centralized, mobile, gender-sensitive and culturally-sensitive, early intervention service for San Francisco should be established. This service should be based on the success of the Department of Public Health's Comprehensive Child Crisis Services -- expanding its model

to encompass early intervention for all youth 24 hours a day. It should coordinate and a act as a resource for anyone working with youth. This service should provide:

1. Consultation for identifying at-risk youth;

2. Crisis intervention;

3. Guidance for providing youth with appropriate, timely care;

4. Centralized case management;

5. Coordination of existing help-lines for youth.

V. Collaborate with Managed Care Organizations and Private Providers around Early Intervention

A large number of youth are enrolled in managed care organizations and seek care from private providers in San Francisco. Managed care organizations have a critical role to play in suicide prevention.

1. Ensure that managed care organizations and private providers use one of the various primary care prevention and intervention protocols (for example, those from the American Association of Pediatrics and the American Medical Association) with their patients;

2. The City should continue to build relationships with managed care organizations and private providers to ensure the use of both the new Early Intervention Service and Comprehensive Child Crisis Services.

VI. Expand Mental Health Services For School-aged Youth

Recently, there has been substantial activity advocating for the expansion and development of school-linked health services in San Francisco. Ensuring mental health should be at the forefront of any efforts to address demands about health programs and services for youth enrolled in elementary, middle and high schools.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Terry Gwiazdowski, Government Inf. Center
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Lee Ann Montredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

/99

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

MAY 28 1999

SAN FRANCISCO
PUBLIC LIBRARY

99-05-28A11:12 RCVD

June 1, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING MAY 18, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **PHP-CHS-Mental Health –** Request for approval of modification to the contract with Seneca Center to reduce contract amount by $404,420, for the period of July 1, 1998 through June 30, 1999. The total amount of the contract is $680,236.

(3.2) **PHP-CHS- Substance Abuse –** Request for approval of retroactive second modification to the renewal contract with Chemical Awareness and Treatment Services, Inc. (dba Community Awareness and Treatment Services, Inc. (CATS), in the amount of $689,269, for ongoing shelter and support services to homeless residents of San Francisco, for the period of July 1, 1998 through June 30, 1999; and for winter shelter for near-homeless residents for the period of December 1, 1998 through March 31, 1999. (DPH contracted with CATS for services totaling $4,109,836 during FY 1997-98).

(3.3) **PHP-CHS- Substance Abuse** – Request for approval of retroactive modification to the contrac with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $436,640, to augment the provision of day treatment services to addicted mothers, for the period of January 1, 1999 through June 30, 1999; maintain outpatient substance abuse counseling at the Tom Waddell Center, for the period of September 1, 1998 through June 30, 1999; and add new residential center for recovery services for dua and triple-disordered substance abusers, for the period of February 1, 1999 through December 31, 199 (DPH contracted with HAFC for services totaling $15,119,656 during FY 1997-98).

(3.4) **PHP-CHS- Substance Abuse** – Request for approval of retroactive second modification and sole source for the contract with Jelani House, Inc., in the amount of $93,420, to provide for the start-up of CalWORKs mental health and substance abuse services, residential and transitional care services, for the period of April 1, 1999 through June 30, 1999. (DPH contracted with Jelani for services totaling $1,187,959 during FY 1997-98).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION ON BUILDING A HEALTHIER SAN FRANCISCO: A CITYWIDE COLLABORATIVE COMMUNITY ASSESSMENT**

6) **PRESENTATION OF THE UNDECLARED EMERGENCY RESPONSE PLAN OF THE DEPARTMENT OF PUBLIC HEALTH**

7) **PRESENTATION AND CONSIDERATION OF A RESOLUTION REGARDING MODIFICATIONS IN THE REPLACEMENT PROPOSAL FOR LAGUNA HONDA HOSPITAL**

8) **CONSIDERATION OF A RESOLUTION SUPPORTING MEASURES TO REDUCE YOUTH SUICIDE AND RELATED HIGH RISK BEHAVIORS THAT PLACE YOUTH AT RISK OF INJURY AND/OR DEATH**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health

Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

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Commissioner

Edward A. Chow, M.D.
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Roma P. Guy, M.S.W.
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Commissioner

/99

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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Executive Secretary

TEL: (415) 554-2666
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 1, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

JUN 10 1999

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Roma Guy, MSW, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 18, 1999.

Action Taken: The Commission unanimously adopted the minutes of May 18, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **PHP-CHS-Mental Health** – Request for approval of modification to the contract with Seneca Center to reduce contract amount by $404,420, for the period of July 1, 1998 through June 30, 1999. The total amount of the contract is $680,236.

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In response to Commissioner Umekubo's inquiry about the progress towards implementation of amended Policy #24, Galen Leung, Office of Contracts Management, reported that surveys from contractors are being collected and that training and technical assistance sessions for contractors will be scheduled.

Commissioner Hill requested an update on the implementation of amended Policy #24 be calendared for the September 21, 1999 Budget Committee.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Mayor's FY 1999-00 Budget

The Mayor released his FY 1999-00 budget today, including the budget for the Department of Health. The Mayor approved and appropriated funds for many programs and initiatives that were requested in the Department's budget request, as approved by the Health Commission. In addition, the Mayor has increased General Funds to offset the structural revenue shortfall that led to the large deficit in the current year. The Department's expenditure budget was increased from the current year approved amount of $813 million to $833.5, or an increase of 2.5%. Important to note is that the General Fund allocated to the Department increased by $40 million, from its original FY 1998-99 amount of $185.8 million to $225.9 million. The majority of this increase in General Fund will be used to offset reductions to State and Federal revenues at San Francisco General Hospital and Laguna Honda Hospital.

Significant new funding approved in the Mayor's Budget for FY 1999-00 is as follows:

Revenue offset with new General Fund at SFGH	$16.00 million
Revenue offset with new General Fund at LHH	9.00 million
Increased funding at SFGH to reflect increase in census	3.75 million
Increased funding to Mental Health Equal Access to Care	2.46 million

Increased funding (revenue generating) for Mental Health	2.03 million
Increased funding (revenue generating) for Children Services	1.47 million
Increased funding for Treatment on Demand	1.00 million
Increased funding (revenue generating)for substance abuse	.43 million
Increased funding for homeless Mission Rock Program	.50 million
Increased funding for workers' compensation program	2.30 million
Replacement of Mental Health Ryan White reductions	.70 million
COLA's for contractors	3.54 million
Increased funding for Outpatient Pharmacy at SFGH	.80 million
HIV Case Management Services to Latino clients	.12 million

The Department's cost reduction and reallocation proposals within the Health Department's budget request were also adopted by the Mayor. These proposals include reducing administrative costs, consolidating selected business functions, and reallocation of hospital based resources to community alternatives.

The budget now proceeds to the Board of Supervisors for approval. The Finance Committee of the Board will hold a budget workshop on the Health Department's budget on Thursday of this week. Budget hearings on the Health Department budget will take place on June 17 and June 24. A public hearing of the entire City budget will be held by the Finance Committee on June 19.

Dr. Katz will keep the Health Commission informed on the developments in the next phase of the approval process.

Proposed INS Rule Regarding Public Charge

Last week the Department of Justice published a proposed rule in the Federal Register concerning the inadmissibility and deportability of immigrants on public charge grounds. The rule indicates that a non-citizen's receipt of health benefits is irrelevant for public charge determination. Specifically, the INS will not consider participation in Medicaid, CHIP or similar State-funded programs for public charge purposes. The Immigration and Naturalization Service (INS) is implementing this definition immediately through field guidance to its offices.

The proposed rule is designed to provide non-citizens and their families with information on their ability to apply for certain benefits without fear of becoming a public charge for the purposes of admission into the United States, adjustment of status to legal permanent residence and deportation. As the Health Commission is aware, a number of non-citizens have been reluctant to enroll their children in California's Healthy Families Program, apply for Medi-Cal and/or use public health services, such as immunizations for their children, as a result of public charge concerns.

The proposed rule defines public charge for the first time to mean an "alien" who has become (for the petition purposes) or is likely to become (for admission or adjustment of status purposes) "primarily dependent on the government subsistence as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense." The proposed rule indicates that this definition alone cannot be used to determine if a non-citizen is a public charge and that other issues must also be taken into account. The other factors that must be considered by INS and the Department of State include: the non-resident's age, health, family status, assets, resources, financial status, education and skills. No single factor will determine whether a non-resident is a public charge, including past or current receipt of public cash benefits for income maintenance.

The proposed rule specifies that the cash assistance for income maintenance includes: SSI, TANF and local/State general assistance program. In addition, public assistance, including Medicaid, that is used to support non-citizens residing in an institution for long-term care will also be considered by INS and the Department of State as part of any public charge determination. Short-term institutionalization for rehabilitation is not subject to public charge consideration.

The following benefits are not subject to public charge consideration because they are not intended for income maintenance:

- Medicaid,
- Children's Health Insurance Program (CHIP),
- Food Stamps,
- the Special Supplemental Nutrition Program for Women, Infants and Children (WIC),
- immunizations,
- prenatal care,
- testing and treatment of communicable diseases,
- emergency medical assistance,
- emergency disaster relief,
- nutrition programs,
- housing assistance,
- energy assistance,
- child care services,
- foster care and adoption assistance,
- transportation vouchers,
- educational assistance,
- job training programs, and
- non-cash benefits funded under the TANF program.

The proposed public charge rule also clarifies the following:

- there is not public charge test for naturalization,
- public charge is not a factor of whether a non-citizen can sponsor relative to come to the United States,
- the INS and State do not have authority to request that non-citizens repay public benefits in connection with Visa issuance, admission or adjustment of status (any repayment is overseen by the agency that granted the benefits) and
- benefits received by one member of the family are not attributed to other members for public charge purposes unless the cash benefit amount is sole support of the family.

In addition to the proposed rule, the INS has issued a fact sheet and Q&A on public charge. Comments on the proposed rule will be taken until July 26, 1999. At that time, it will be determined whether the proposed rule is final or if modifications will be incorporated must be issued.

There will be significant activity on the State level in publicizing this information to community-based agencies and non-citizens who are potentially eligible for government-sponsored programs. The Department will be creating a workgroup to determine how to communicate the proposed regulations to our staff and our clients. The Health Commission may recall that the Department undertook a similar effort after the passage of State Proposition 187. At that time, we informed our

staff and clients that the Department was still providing health services to undocumented residents. The Department will work closely with the City Attorney to ensure that any material distributed by the Department are correct and reflect the current proposed guidance of the federal government. The Department will submit written comments to the federal government on the proposed rule by the July 26, 1999 deadline. The Department will review the implications of the long-term care component of the proposed rule.

On a citywide level, the Bringing Up Healthy Kids Coalition will work with its members and other immigrant organizations and ethnic health organizations and associations to communicate the proposed rule. We believe that the proposed rule provides much needed clarity for undocumented residents and legal immigrants who have children eligible for Healthy Families, Medicaid, and other public health and nutrition programs. On the federal level, there may be some opposition to the proposed rule. House of Representative's Immigration Sub-Committee Chair, Representative Lamar Smith (R-Texas), has stated his opposition to the rule, alleging that it will increase the number of immigrants on welfare who may bring in more immigrants who seek welfare. The Department will provide feedback to our Washington, D.C., delegation on the proposed rule.

POPULATION HEALTH AND PREVENTION

Violence Prevention Planning Conference

Over 75 individuals representing community agencies, the faith community, non-profit organizations, private individuals, the police department, and DPH staff, met for an all-day violence prevention planning session. SFPD ASST. Chief Earl Sanders, and Director of CHP&P Larry Meredith welcomed them. Andres Soto of the Pacific Center for Violence Prevention gave illustrations of how those coming from different perspectives can collaborate and the need to do so. Chinese and Spanish language and Filipino community press covered and reported the event in print and television media.

The purpose of the conference was to set goals and objectives for a community-based violence prevention plan for San Francisco addressing three risk factors: alcohol, guns, and witnessing acts of violence. During the coming program year, action teams will develop activities and strategies that will address the plan's objectives. Technical assistance will be offered by the DPH for each team and a year-end review and evaluation is planned.

Children's Environmental Health Promotion Asthma Program

The Children's Environmental Health Promotion Section has initiated a new service for Community Health Network medical providers, which allows pediatric asthma patients to be referred for assessment of environmental triggers in their home environment. In addition, a public health nurse will provide teaching and counseling for the family to reinforce the medical management plan for that child. Please contact the program at 554-8930 (ext. 19 or 22) for further information.

STD Prevention and Control Testing

As part of STD Awareness Month, 664 students at 4 public high schools in San Francisco (Balboa, Washington, Wallenberg and Downtown) were tested for gonorrhea and chlamydia with urine tests. Sixteen infections were identified - 14 chlamydia infections and 2 gonorrhea infections. All infected students were successfully treated.

Of special importance is that all of these infections were among students who had no symptoms, and who might have developed serious consequences if they had not been treated. The results of the testing indicate that approximately 1 out of 25 young women were infected with chlamydia and demonstrates that chlamydia infection is a problem among adolescents in San Francisco.

Over the next few months, the STD Program will be working closely with the San Francisco Unified School District, the PTA, students, teachers and other interested parties to determine the best way to manage this serious problem among our City's youth.

Health Promotion and Education Award

On May 29th, the San Francisco State University, Health Education Department will honor Buffy Bunting, as alumni of the year: Ms. Bunting has served as the Health Education Training Center Coordinator for the last two years and has worked for 15 years as a "district" public health educator. Buffy is well known for her work on the Video "Los Ojos Que No Ven" (Eyes That Do Not See) and for her more recent contributions to the SFSU undergraduate health education program as adjunct faculty and field internship supervisor.

Environmental Health Award

The American Heart Association (AHA) San Francisco Division has announced that Tom Rivard, Senior Environmental Health Inspector, has been selected as their recipient of the 1998-99 Advocacy Award. Last year's winner was Louise Renne of the City Attorney's office for her work on the tobacco lawsuit. AHA staff, Board members, volunteers, and community nominated Tom for his continued hard work in the Department's no-smoking program. He is especially acknowledged for his leadership in implementing the smoke-free bar portion of the California Smoke-Free Workplace Act.

The award will be presented to Tom at the San Francisco Division 69th Annual meeting. The event will be held on Monday, June 7, at Café 52, 52 Belden Place, from 5:30-7:00 p.m.

COMMUNITY HEALTH NETWORK

Laguna Honda Annual Survey Begins

Laguna Honda Hospital's annual re-certification survey conducted by the State Licensing and Certification Division began on Tuesday, May 25, 1999. By the second day of the survey, a total of 17 State Licensing Surveyors, including a variety of specialty consultants and one Healthcare Financing Administration Representative, convened at Laguna Honda to participate in the comprehensive survey. The survey team reported that the duration of the survey is expected to be approximately two weeks.

The LHH Executive Team is convening twice daily to monitor and manage the survey process. Commissioners will be advised of the date and time of the survey exit conference so that they may attend if they wish to do so. The information presented at the exit conference will be summarized in the next report.

SFGH - JCAHO

San Francisco General Hospital Medical Center completed an intensive five-day review as part of the accreditation process by the Joint Commission on the Accreditation of Health Organizations (JCAHO), the California Medical Association, and California State Licensing & Accreditation. Gene O'Connell emphasized the importance of the survey, not only because its accreditation outcome is a requirement for Medi-Cal and Medicare reimbursement, but also because the standards are the foundation for our own evaluation process.

The review team assessed the work of the last three years, by reviewing policies and procedures and documentation records, and most importantly, through staff interviews. Surveyors commented on the strong commitment of staff at every level of the organization - nurses, housekeepers, social workers and doctors. Strong commitment and intense advocacy were evident as staff described their work, their patients and, in some cases, their concerns. The surveyors noted the complexity of

the organization, the well-informed and cohesive staff, and communication among the Health Commission, the Health Director and the Community Health Network Leadership.

The closing conference held May 21st gave the staff a preliminary summary of the surveyors' recommendations. Although the final report will itemize any findings requiring a plan of correction or potential revisits, the surveyors have indicated that SFGH and the MHRF will be accredited for the next three years.

Dr. Katz acknowledged the leadership of Gene O'Connell. She led our team well in preparing for the survey. He also commended the SFGH staff who work hard everyday to provide excellent care to the patients.

California Hospital Association Skilled Nursing Facility Rate Lawsuit

Dr. Katz reported that the San Francisco Superior Court has ruled on the side of the plaintiff in the case, California Hospital Association v. Belshe lawsuit. The California Hospital Association (CHA) filed suit against the State Department of Health Services for arbitrarily freezing the nursing facility reimbursement rate. In 1995, the State DHS, without legislative authorization, elected to freeze rates at 1994 level rather than grant an increase that would have been dictated. The CHA challenged the State's unauthorized rate freeze in both federal and state court. The federal action was resolved in favor of the CHA.

The details of the settlement must now be worked out. At this time, it appears that the proposal will be to increase the reimbursement rate by $15 to $20 per day per resident for the next five years.

The Department will work closely with the State and our legislative delegation to ensure that this rate increase is incorporated into the Governor's fiscal year 1999 budget. The Department would like to acknowledge the tremendous work of the California Hospital Association and Mr. Craig Cannizo, Esq., of Hansen, Bridget, Marcus, Vlahos and Rudy for litigating this case. Dr. Katz acknowledged the work of Anthony Wagner who has worked closely with the CHA and Mr. Cannizo on identifying the importance of this lawsuit for the City and County of San Francisco.

Each of the Commissioners voiced their commendations, appreciation, and congratulations to Gene O'Connell and all of the staff involved in the JCAHO survey at San Francisco General Hospital.

Commissioner Parker requested, with consensus from the other Commissioners, a letter of commendation to all staff who participated in the JCAHO survey.

Vice President Guy acknowledged the City leadership's commitment to public health and preservation of the safety net as reflected in the recent additional general fund support from the Mayor's Office.

5) PRESENTATION ON BUILDING A HEALTHIER SAN FRANCISCO: A CITYWIDE COLLABORATIVE COMMUNITY ASSESSMENT

The following speakers presented an overview of the "San Francisco Community Assessment" report and updated the Commission on the efforts of the Building a Healthier San Francisco Collaborative which developed the report:

- Nathan Nayman, regional Vice President, Hospital Council of Northern and Central California, Bay Area Division

- Sherry Sherman, Director of Community Benefits, California Pacific Medical Center

- Marcia Argyris, President of the McKesson Foundation and Chair of The United Way San Francisco County Leadership Board

For a copy of the report, contact the Department of Public Health Office of Policy and Planning (telephone 554-2626).

The Community Assessment includes methodology; demographic profile; 15 critical issues; three frameworks including equity, the life cycle, and risk factors; and follow-up.

The representatives of the Collaborative requested the Commission to consider accepting and endorsing the report. The Department will bring a proposed resolution to the Commission at the June 15th meeting.

Vice President Roma Guy commented that the Department could use this document and information for its Strategic Plan that has been requested by the Commission.

6) PRESENTATION OF THE UNDECLARED EMERGENCY RESPONSE PLAN OF THE DEPARTMENT OF PUBLIC HEALTH

Anne Kronenberg, External Affairs and Executive Assistant to the Director of Health, presented the Department's response plan, both to the declared and the undeclared emergency. The Department, along with the Department of Human Services as the lead agency, the leadership of Carl Hedelston of the Office of Administrative Services, the Red Cross, community-based organizations, survivors, and advocates, has institutionalized its response plan and has added a proactive component to the emergency response plan.

The plan includes teams responsible for policy, assessment, and response. Under the direction of Supervisors Tom Ammiano and Amos Brown, the Emergency Response Policy Coordinating Committee (PCC) convened in March 1999 to develop specific proposals for the Board of Supervisors for long term improvement of the response system. The PCC has identified eight areas of recommendations: better coordination, sheltering options, 800 number, internet information, replacement housing, one stop service, storage and movement of personal goods, and verification of residency.

The collaborative effort has resulted in the creation of short term citywide strategies for prevention, preparation, response, and recovery efforts. The PCC continues to work in developing and implementing long-term solutions.

Ms. Kronenberg stated that this citywide model will be used for the upcoming millennium events.

Commissioner Chow commended the PCC for its creative efforts.

Commissioner Sanchez complimented staff for an excellent model. He encouraged this model to be a supplemental for children.

Vice President Guy thanked the Department for its report.

7) **PRESENTATION AND CONSIDERATION OF A RESOLUTION REGARDING MODIFICATIONS IN THE REPLACEMENT PROPOSAL FOR LAGUNA HONDA HOSPITAL**

Note: This item was heard after the Director's Report.

Dr. Katz presented a modified replacement proposal for Laguna Honda Hospital, (Attachment A). The modified building plan and financing plan has decreased the cost of the Laguna Honda Hospital bond issue from $437 million to $299 million.

The factors that decreased the amount:

- Decreased the number of single rooms and increased the number of 4-bed rooms, saving $27 million
- Put off contracting for some parts of the project long enough to earn interest on some of the bond money that will be collected
- Use some of the tobacco settlement proceeds to pay for construction costs rather than solely to pay interest on the bonds
- Begin collecting taxes to pay off the bonds immediately after the measure passes

Dr. Katz reported that the Board of Supervisors would set aside $1 million per year for tobacco education and prevention programs, as long as there are outstanding debt services.

Vice President Guy thanked Dr. Katz and staff for the modified plan.

Commissioner Chow suggested the inclusion in the resolution of the $1 million/year set-aside for tobacco education and prevention programs. Dr. Katz commented that this point is implicit in the resolution.

Action Taken: The Commission adopted Resolution #19-99, "Endorsing Modifications in the Laguna Honda Hospital Replacement Bond Project", (Attachment B).

Dr. Katz and Vice President Guy left the hearing room to be interviewed by the press.

Commissioner Chow chaired the meeting for Item #5. Vice President Guy resumed chairing the meeting with Item #6.

8) **CONSIDERATION OF A RESOLUTION SUPPORTING MEASURES TO REDUCE YOUTH SUICIDE AND RELATED HIGH RISK BEHAVIORS THAT PLACE YOUTH AT RISK OF INJURY AND/OR DEATH**

Dr. Larry Meredith, Director of Community Health Promotion and Prevention, reported that at the May 18, 1999 meeting of the Health Commission, the Department presented its Briefing Paper on San Francisco Youth Suicide Prevention. A resolution was requested by the Health Commission.

The proposed resolution was developed by the Youth Suicide Prevention Study Group, a group convened by the Department of Public Health and Youth Commission to respond to the Board of Supervisors resolution "to examine youth suicide and make recommendations to the San Francisco Board of Supervisors".

Dr. Meredith noted that although the Golden Gate Bridge, site of over 1,200 known suicides, represents a major public health hazard as noted in our presentation to the Health Commission, it has not been included in the resolution since it is not associated in any particular way with youth. The Health Commission may wish to consider public health and safety issues associated with the Golden Gate Bridge at some future time.
Commissioner Chow recommended a friendly amendment in the first resolved to read, "Resolved, that the Health Commission supports the recommendations of the Youth Suicide Prevention Study Group ...."

Vice President Guy raised the idea of including the Golden Gate Bridge as a major public health hazard in this resolution or taking it up separately at a future agenda.

Commissioner Sanchez expressed mixed feelings about including the Golden Gate Bridge in this resolution.

Commissioner Parker recommended the Golden Gate Bridge issue be considered at a later time.

Public Speaker: Eve Meyer, Suicide Prevention, supported the resolution and supports removing hazards in order to prevent suicides.

Action taken: The Commission adopted Resolution #20-99, "Supporting Measures to Reduce Youth Suicide and Related Risk Behaviors that Place Youth at High Risk of Injury and/or Death," (Attachment C), as amended by Commissioner Chow.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:40 p.m.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

Mitchell H. Katz, M.D.
Director of Health

TO: Lee Ann Monfredini, President and
Members of the San Francisco Health Commission

FROM: Mitchell H. Katz, M.D.
Director of Health

RE: Replacement Proposal for Laguna Honda Hospital

DATE: May 26, 1999

This memorandum provides the Health Commission with updated information on the planning proposal to replace Laguna Honda Hospital.

As part of our continuing effort to address and respond to community concerns regarding the proposal, we have re-examined the building costs and the financing of the project. We have heard numerous concerns over the project's costs ($437 million including financing costs). If the project were approved by the San Francisco Board of Supervisors and the Mayor for the November 1999 ballot at its current amount of $437 million, it would be the largest bond proposal ever submitted to the voters for consideration. There is concern that such an amount will hamper our ability to obtain the required two-thirds vote to pass the ballot measure.

To decrease the costs, we have identified building efficiencies and have developed an alternative financing plan. The information being presented to you today has been reviewed by the Laguna Honda Hospital Replacement Planning Committee. The Department would like to present this information to the Health Commission for its consideration.

Proposed Modification in Project Costs

As originally presented to the Health Commission, constructing the new hospital and allocating funding for assisted living would cost approximately $428.7 million (excluding financing costs of $8.3 million). This figure includes enhancements for adult day health, senior nutrition and other programs. The proposed bed mix was 20% private (1 person) and 80% semi-private (2 - persons). The proposal called for seven 4-bed rooms (or 28 beds).

Based on additional work overseen by the City Architect, Tony Irons, and with pro bono assistance from architectural firms, it's being recommended that the bed mix of the hospital be modified. The motivation for this change is that the current 60-bed pod design results in there being two corners on each ward. These corners cannot be productively used for multiple single rooms because every room must have a window. By using this space for a four-bed room, we

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are able to use the space more efficiently. This modification would result in a $27.1 million savings and reduce the project costs to approximately $401.6 million.

Each of the twenty 60-bed nursing units (1200 beds) will have four private rooms, 24 semi-private rooms and two 4-bed rooms. This will decrease the number of single rooms. No change is being proposed in the number of semi-private rooms. Although there will be more 4-bed rooms, the majority of residents (1040 residents; 87% of total) will still be housed in single or double rooms, while 160 residents (13%) will be housed in 4-bed rooms. Table 1 below describes the change.

TABLE 1
Recommended Modification in Bed Mix

	Original				*Modification*				*Change*			
	1-bed	*2-bed*	*4-bed*	*Total*	*1-bed*	*2-bed*	*4-bed*	*Total*	*1-bed*	*2-bed*	*4-bed*	*Total*
Rooms/Unit	*12*	*24*	*N/A*	*36*	*4*	*24*	*2*	*30*	*-8*	*0*	*2*	*-6*
Beds/Unit	*12*	*48*	*N/A*	*60*	*4*	*48*	*8*	*60*	*-8*	*0*	*8*	*0*
Total Rooms	240	466	7	713	80	480	40	600	*-160*	*14*	33	*-113*
Total Beds	240	932	28	1200	80	960	160	1200	*-160*	*28*	132	*0*
# of People	240	932	28	1200	80	960	160	1200	*-160*	*28*	132	*0*
Project Costs	**$428,707,488**				**$401,574,114**				**-$27,133,374**			

We believe that this modification does not undermine the recommendations of the Laguna Honda Hospital Replacement Planning Committee or Program Sub-Committee because:

- the majority of the residents would still reside in 1-bed or 2-bed rooms and
- there was an interest among some members to increase the number of 4-bed rooms because of the benefits of open wards – shared environment, reduction in isolation and more of a community atmosphere.

Attachment A provides detailed information on the changes in square footage and costs. This change will not alter the schedule of the project or any other programmatic aspects of the proposal. The new facility would still have 1,200 beds.

Revised Plan of Finance

The proposed $401.6 million in capital costs for the Laguna Honda Hospital Replacement project can be funded through a long-term plan of finance which incorporates general obligation bonds (and earnings thereon) with tobacco settlement money (including interest thereon). We are proposing three major changes from our prior method of financing. First, we are proposing to use a portion of the tobacco settlement money to pay for capital costs, rather than interest on the general obligation bonds. The result of this change is a decrease in the size of the general obligation bond. Second, we are putting aside the tobacco settlement dollars into an escrow account as they are paid to the City. The interest earned on the settlement dollars through the escrow account will further lower the size of the general obligation bond needed. Third, we are more efficiently coordinating the project schedule (and certification of contracts) with the

anticipated receipt of tobacco settlement funds. Attachment B summarizes the proposed distribution of project proceeds (exclusive of financing costs).

The Mayor's Office of Public Finance is in the process of refining the respective dollar amounts that would be required from general obligation bonds that could be utilized along with tobacco settlement funds. The exact dollar figure of the general obligation bond will be available to report to the Health Commission at the time of the meeting.

The proposed plan of finance relies solely on the following sequence of events:

- The full amount of general obligation bonds would be sold in the first year of the project to fund: (1) architectural and engineering services, (2) construction management services, (3) site preparation work including the base structure of the skilled nursing facility (SNF), (4) construction of a temporary power plant and (5) miscellaneous ongoing costs. The general obligation bond proceeds would fund approximately 90% of the costs of completing the SNF.

- The tobacco settlement money received by the City would be captured in a segregated account, escrowed and applied to the project. Such money would only be available to complete funding of the Laguna Honda Hospital replacement project. Dollars would be released from the escrow when the City Controller certified that the escrow balance of tobacco funds exceeded the amount required to certify all of the remaining contracts.

- Upon certification by the City Controller that the tobacco escrow exceeds the amount required to certify all remaining contracts, surplus tobacco settlement money would be transferred to the general obligation bond debt service fund and used to reduce the amount of ad valorem taxes that would otherwise be imposed. The model currently indicates that such transfer would occur in year 6 of the replacement program. Thus, for the first five years that the general obligation bonds are outstanding the tax payers would pay 100% of the debt costs. Thereafter, tax payers would pay approximately 50% or less of the debt service for the remaining life of the bonds.

Certain of the assumptions made with regard to the plan of finance create some safeguards against uncertainties. First, by selling all of the general obligation bonds in the first project year the City is able to lock-in interest rates while maximizing the ability to accrue additional interest on the bond funds. However, ad valorem taxes will be imposed upon San Francisco property owners beginning in the first year of the project.

Second, pursuant to the tobacco settlement agreement, settlement money will be distributed on each April 15th. For the purposes of the plan of finance, money received in April is not assumed to be escrowed or expended in the model until the following fiscal year. During the construction of the Laguna Honda Hospital project, this allows some time flexibility with regard to the City Controller's ability to certify project contracts based on money that is actually received. Following construction and during debt repayment, this staggered timing allows the City Assessor to reduce the required annual taxes by an amount that has already been received.

Summary
The Department believes that the combination of the modified bed mix and revised plan of finance will reduce the overall tax burden of the replacement project to the taxpayers.

As you are aware, the Laguna Honda Replacement project will be presented before the Finance and Labor Committee of the San Francisco Board of Supervisors on June 9, 1999. We believe that it will be important to provide the Board of Supervisors and the public with the recommended modifications in project costs and revised financing plan.

LAGUNA HONDA HOSPITAL REPLACEMENT PLANNING
Pay-As-You-Go Cost Model

Build 1200 new SNF beds and demolish Clarendon Hall to build 140 assisted living units. Twenty 60-beds nursing units each have 4 singles, 24 semiprivate and 2 four-patient rooms. New clinics and acute services are included. Child care and senior outpatient services are in re-modeled space, together with administration and most building services.

	Square Footage			Project Cost		
	Original Proposal	*Modified Proposal*	*Change*	*Original Proposal*	*Modified Proposal*	*Change*
1 Temporary Central Plant and Valley Area Demolition				$5,920,167	$5,920,167	$0
Temporary utility services						
Hazardous materials abatement						
Valley structures demolition						
Improve site entry						
Relocate MUNI electrical substation						
2A New Hospital Foundations, Steel Framing & Understab Util.				$40,497,079	$36,750,084	-$3,746,995
Foundations, Steel Framing & Understab Utilities	668,554	606,698	-61,856			
2B New Hospital Enclosure and Contents				$306,495,491	$283,109,112	-$23,386,379
Hospital program areas	668,554	606,698	-61,856			
Permanent central plant	20,000	20,000	0			
Site utilities, walls & landscaping						
Art and tele/data systems						
3 Former Hospital Remodeling				$23,057,780	$23,057,780	$0
Temporary Provisions	11,250	11,250	0			
Cosmetic renewing only	74,691	74,691	0			
Functional remodeling	36,760	36,760	0			
Gut & rebuild w/ abatement	32,018	32,018	0			
Tele/data systems						
4 New Parking Development				$30,919,623	$30,919,623	$0
Hazardous material abatement	338,000	338,000	0			
Demolish old finger wings	338,000	338,000	0			
Parking & road construction						
5 Clarendon Site Preparation				$6,817,348	$6,817,348	$0
Hazardous material abatement	113,000	113,000	0			
Demolition and site clearing	113,000	113,000	0			
6 Contribution to Assisted Living Matching Funds				$15,000,000	$15,000,000	
Project Grand Total				**$428,707,488**	**$401,574,114**	**-$27,133,374**

5/26/99

Attachment A
Page 5 of 6

ATTACHMENT A

Laguna Honda Hospital Replacement Project
Summary of Encumbrance of Project Contracts
Allocation of General Obligation Bond Proceeds & Tobacco Settlement Money

	Project Phase	Project Encumbrance Amount	GO Bond and Interest Earnings*	Tobacco & Interest Earnings
1	A/E Services	37,000,000	37,000,000	-
	C/M Services	15,000,000	15,000,000	-
	Temporary Power	5,000,000	5,000,000	-
	Ongoing	6,000,000	6,000,000	-
	subtotal:	63,000,000	63,000,000	-
2	Site Work & Structure	64,000,000	64,000,000	-
	Ongoing	3,000,000	3,000,000	-
	subtotal:	67,000,000	67,000,000	-
3	Exterior, SNF	42,000,000	42,000,000	
	Interior, SNF	151,000,000	142,703,283	8,296,717
	Ongoing	6,000,000	6,000,000	
	subtotal:	199,000,000	190,703,283	8,296,717
4	Demo Clarendon, Rehab Admin Bldg;			
	Demo Wings; Construct parking	47,000,000		47,000,000
	Assisted Living Match	15,000,000		15,000,000
	Ongoing	10,000,000		10,000,000
	subtotal:	72,000,000		72,000,000
	Grand Total:	**$ 401,000,000**	**$ 320,703,283**	**$ 80,296,717**

**Assumes $27 million in interest earnings from bond funds*

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 19-99

ENDORSING MODIFICATIONS IN THE LAGUNA HONDA HOSPITAL REPLACEMENT BOND PROJECT

WHEREAS, the San Francisco Health Commission adopted Resolution # 16-99 supporting the proposal of the Laguna Honda Hospital Replacement Planning Committee to build a 1,200 bed skilled nursing bed facility, and at least 140 assisted living units on the existing Forest Hills site of Laguna Honda, at a project cost of $437,045,000 (including financing costs of $8,337,513); and,

WHEREAS, the San Francisco Health Commission recommended that the Board of Supervisors and the Mayor proceed with the placing of a General Obligation Bond(s) and/or other evidences of indebtedness on the November 1999 ballot; and,

WHEREAS, additional efficiencies which will reduce project costs have been determined and these efficiencies will not undermine the basic tenets of the program or alter the project schedule; and,

WHEREAS, constructing the new skilled nursing facility with more 4-bed rooms than originally envisioned (from seven 4-bed rooms to forty 4-bed rooms) will reduce construction costs by $27.1 million to an estimated $401.6 million; and,

WHEREAS, even with an increase in the number of 4-bed rooms, the majority of Laguna Honda residents would continue to be housed in private (1 person) and semi-private (2 persons) rooms; and,

WHEREAS, a reduction in project costs, coupled with a revised plan of finance, will allow the City and County to address community concerns over the capital costs of this replacement project; and,

WHEREAS, a revised plan for financing this replacement project will reduce overall financing by: (1) using a portion of the tobacco settlement money to pay for capital costs, (2) putting aside the tobacco settlement money into an escrow account to earn interest, and (3) more efficiently coordinating the project schedule with the anticipated receipt of tobacco settlement funds; now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports the recommendation to provide more 4-bed rooms in the new skilled nursing facility which will reduce construction costs to an estimated $401.6 million; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission supports the recommendation to revise the financing plan to reduce the amount of General Obligation Bond(s) (and/or other evidences of indebtedness) by relying more heavily on tobacco settlement money; and, be it

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 19-99 (Cont'd.)

FURTHER RESOLVED, that the San Francisco Health Commission approves a General Obligation Bond (and/or other evidences of indebtedness) of $299 million and the revised financing plan, and recommends these to the Board of Supervisors and the Mayor.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, June 1, 1999.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 20-99

SUPPORTING MEASURES TO REDUCE YOUTH SUICIDE AND RELATED HIGH RISK BEHAVIORS THAT PLACE YOUTH AT RISK OF INJURY AND/OR DEATH

WHEREAS, suicide is the second leading cause of death for San Francisco youth 15 to 24 years of age; and,

WHEREAS, homicide is the leading cause of death for San Francisco youth 15 to 24 years of age; and,

WHEREAS, 38% of these suicides and 85% of these homicides involve firearms; and,

WHEREAS, the most recent Youth Risk Behavior Survey (1997) indicates that a significant number of San Francisco high school students report risky thoughts and behaviors, including thoughts of suicide (20%), and carrying a weapon during the last 30 days (19%); and,

WHEREAS, students report an increasing use of alcohol, with 18% of high school seniors indicating that they had five or more drinks on one occasion in the last 30 days; and,

WHEREAS, research indicates that lesbian, gay, bisexual, transgender, queer and questioning youth, who are often more isolated by and from their peers, family and community, are up to three times more likely to attempt suicide than are heterosexual youth; and,

WHEREAS, suicidal impulses, depression, isolation, abuse and mental distress impair youth of all ethnicities, socioeconomic status and sexual orientation; and,

WHEREAS, national data indicate that on average, 14% to 20% of school-age children and youth experience significant mental health disorders that are associated with a wide range of serious risk taking behaviors, such as substance use/abuse, risky sexual activity, delinquency, truancy, and high speed and risky driving; and,

WHEREAS, reducing access to firearms will significantly reduce the likelihood that impulsive self-destructive urges and/or anger will result in a fatal outcome; and,

WHEREAS, a comprehensive, responsive and coordinated network of mental health and social services that identifies, supports and treats at-risk youth and their families, will prevent youth related injuries and death; and,

WHEREAS, currently available youth services are not always able to respond to the needs of youth and their families; and,

WHEREAS, it has been repeatedly demonstrated that timely identification, intervention, referral and treatment, works to save the lives of youth and adults who exhibit high risk harmful behaviors; and,

WHEREAS, representatives of the Department of Public Health, Youth Commission, Delinquency Prevention Commission, UCSF Medical School, youth, youth health providers and Suicide Prevention, Inc., formed an Ad Hoc Youth Suicide Prevention Study Group and reviewed existing assessments of San Francisco children and youth in relationship to available research and practical experience; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 20-99 (Cont'd.)

WHEREAS, this Ad Hoc Youth Suicide Prevention Study Group has concluded its review and has presented its findings and recommendations on how best to address the issue of youth suicide to the Health Commission; now, therefore, be it

RESOLVED, that the Health Commission supports the recommendations of the Ad Hoc Youth Suicide Prevention Study Group that the City has before it a clear and present opportunity to improve the health and wellbeing of youth and their families through the following actions:

1. Establish a common protocol for determining suicide risk, and then train youth providers, counselors, parents, teachers and clergy in its use, including risk sensitivity analysis and appropriate responses and follow-up;

2. Improve communications among youth serving agencies so information can be efficiently shared, and individuals can be tracked over time;

3. Expand the assessment, counseling and treatment services in all youth environments so that high-risk youth and their families can receive timely and relevant services;

4. Implement a public/private partnership with managed care health service providers to ensure that all youth and their families can receive comprehensive, age appropriate services;

5. Develop and implement procedures for the systematic and ongoing evaluation of youth focussed services to ensure that they meet the needs of all segments of youth, their families, and the community;

6. Forcefully advocate for local, state and federal actions to limit the availability of firearms to youth;

and, be it

FURTHER RESOLVED that the Health Commission directs the Department of Public Health to incorporate youth suicide prevention as a high priority in its strategic direction for the new millennium; and, be it

FURTHER RESOLVED, that the Health Commission recommends to the Board of Supervisors its support for the findings and recommendations included in the Briefing Report, and the Departments efforts to collaborate with other City Departments, community-based agencies, youth, parents and residents to improve the health and wellbeing of youth and their families.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, June 1, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

5/99

June 15, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

JUN 10 1999

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING JUNE 1, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **CHN - Jail Health Services** – Request for approval of retroactive modification to the contract with Symphony MobileX Correctional Diagnostic Services, to maintain the provision of portable X-ray services to inmates in the San Francisco jails and extend services for an additional year, in the amount of $230,353 for the 18-month period of January 1, 1999 through June 30, 2000, for a total contract amount of $439,672 , covering the period of July 1, 1997 through June 30, 2000. (DPH contracted with Symphony MobileX for services totaling $139,546 during FY 1997-98).

(3.2) **PHP-CHPP-Tobacco Free Project** – Request for approval of new contract with S.F. Study Center, in the amount of $167,702, to provide fiscal sponsor services for the Community Capacity Building Training Center for the Tobacco Free Project for the period of July 1, 1999 through June 30, 2000; and $171,193 for the period of July 1, 2000, through June 30, 2001. (DPH contracted with S.F. Study Center for services totaling $420,379 during FY 1997-98).

(3.3) **PHP-CHPP-HIV Prevention Services** – Request for approval of retroactive sole source and contract with the Regents of the University of California San Francisco (UCSF), Center for AIDS Prevention Studies, for the provision of professional consultation services for the completion of the Asian Counseling and Testing Study, in the amount of $56,365 per year, for the period of January 1, 1999 through December 31, 1999. The sole source request is for an annual amount of up to $65,000 per year, for the period of January 1, 1999 through December 31, 2001. (DPH contracted with UCSF for services totaling $14,314,598 during FY 1997-98).

(3.4) **PHP-CHPP-HIV Prevention Services** – Request for approval of renewal contract with Larkin Street Youth Center (LSYC), in the amount of $108,477, for the provision of HIV prevention services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with LSYC for services totaling $1,158,091 during FY 1997-98).

(3.5) **PHP-CHS** – Request for approval of a modification to the contract with Managed Care Solutions (MCS), to act as fiscal intermediary for the provision of dental and optical services by non-Department of Public Health providers, to clients of the County's Welfare to Work Programs, in the amount of $410,899, for the period of June 1, 1999 through June 30, 2000. (DPH contracted through MCS for services totaling $1,396,539 during FY 1997-98).

(3.6) **PHP-CHS - Mental Health Services** – Request for approval of renewal contract with Pathmakers of California, a mental health provider group, for the provision of outpatient mental health services as part of the network of San Francisco Mental Health Plan providers that are limited overall to $3,300,000 per year, for the period of July 1, 1999 through June 30, 2001. (DPH contracted with Pathmakers for services totaling $160,000 during FY 1997-98).

(3.7) **PHP-CHS - Mental Health Services** – Request for approval of renewal contract with Jewish Family and Children's Services (JFCS), for the provision of mental health services, in the amount of $81,250 per year, for the period of July 1, 1999 through June 30, 2001. (DPH contracted with JFCS for services totaling $81,000 during FY 1997-98).

(3.8) **PHP-CHS - Substance Abuse Services** – Request for retroactive approval to accept and expend a grant of $87,864 through a subcontract from the University of California San Francisco, Institute of Health Policy Studies, for research activities to evaluate the impact of treatment on demand policies, for the period of January 1, 1999 through December 31, 1999.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JUNE 1999**

6) **CONSIDERATION OF A RESOLUTION ADOPTING THE SAN FRANCISCO COMMUNITY ASSESSMENT REPORT DEVELOPED BY THE BUILDING A HEALTHIER SAN FRANCISCO COLLLABORATIVE**

7) **PRESENTATION OF A RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH, VITAL STATISTICS, TO ACCEPT PASSPORT APPLICATIONS PURSUANT TO DESIGNATION OF AUTHORITY FROM THE U.S. STATE DEPARTMENT**

8) PRESENTATION AND CONSIDERATION OF A RESOLUTION REGARDING PRIMARY PREVENTION

9) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 15, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:12 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 1, 1999.

Action Taken: The Commission unanimously adopted the minutes of June 1, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **CHN - Jail Health Services** – Request for approval of retroactive modification to the contract with Symphony MobileX Correctional Diagnostic Services, to maintain the provision of portable X-ray services to inmates in the San Francisco jails and extend services for an additional year, in the amount of $230,353 for the 18-month period of January 1, 1999 through June 30, 2000, for a total contract amount of $439,672 , covering the period of July 1, 1997 through June 30, 2000. (DPH contracted with Symphony MobileX for services totaling $139,546 during FY 1997-98).

(3.2) **PHP-CHPP-Tobacco Free Project** – Request for approval of new contract with S.F. Study Center, in the amount of $167,702, to provide fiscal sponsor services for the Community Capacity Building Training Center for the Tobacco Free Project for the period of July 1, 1999 through June 30, 2000; and $171,193 for the period of July 1, 2000, through June 30, 2001. (DPH contracted with S.F. Study Center for services totaling $420,379 during FY 1997-98).

(3.3) **PHP-CHPP-HIV Prevention Services** – Request for approval of retroactive sole source and contract with the Regents of the University of California San Francisco (UCSF), Center for AIDS Prevention Studies, for the provision of professional consultation services for the completion of the Asian Counseling and Testing Study, in the amount of $56,365 per year, for the period of January 1, 1999 through December 31, 1999. The sole source request is for an annual amount of up to $65,000 per year, for the period of January 1, 1999 through December 31, 2001. (DPH contracted with UCSF for services totaling $14,314,598 during FY 1997-98).

Commissioner Sanchez abstained due to conflict of interest.

(3.4) **PHP-CHPP-HIV Prevention Services** – Request for approval of renewal contract with Larkin Street Youth Center (LSYC), in the amount of $108,477, for the provision of HIV prevention services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with LSYC for services totaling $1,158,091 during FY 1997-98).

(3.5) **PHP-CHS** – Request for approval of a modification to the contract with Managed Care Solutions (MCS), to act as fiscal intermediary for the provision of dental and optical services by non-Department of Public Health providers, to clients of the County's Welfare to Work Programs, in the amount of $410,899, for the period of June 1, 1999 through June 30, 2000. (DPH contracted through MCS for services totaling $1,396,539 during FY 1997-98).

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Commissioner Sanchez abstained due to conflict of interest.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.3 and #3.8.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Laguna Honda Bond Initiative

The Board of Supervisors voted overwhelmingly to submit the $299,000,000 Laguna Honda Hospital Bond measures to the voters for the November ballot. In addition, the Board voted unanimously to request that $1 million per year of the tobacco settlement funds be dedicated to tobacco education, prevention and control.

White House Conference on Mental Health

Last week, the White House Conference on Mental Health was held, chaired by the President's Mental Health Advisor Tipper Gore. The Administration unveiled measures designed to improve mental health. The proposals provide parity, improve treatment, bolster research, and expand community responses to help those with mental illnesses. The Administration's highlights of these initiatives include:

- Ensuring that the Federal Employees Health Benefits Plan implements full mental health and substance abuse parity. All participating health plans must offer full mental health and substance abuse parity to participate in the program.

- Accelerating progress in research. The National Institute of Mental Health (NIMH) will launch a $7.3 million study to explore the nature of mental illness and treatment.

- Encouraging States to offer more coordinated Medicaid services for people with mental illness. The Health Care Financing Administration will advise all state Medicaid agencies that: (1) Medicaid reimburses for services provided in Assertive Community Treatment; (2) Medicaid recipients are entitled to medications approved by FDA; and (3) Medicaid providers and beneficiaries should be educated about their ability to enter into "advance planning directives."

- Launching a pilot program to help people with mental illness get the quality treatment they need to return to work. A new five-year, $10 million demonstration to provide treatment for SSDI beneficiaries with affective disorders -- approximately 500,000.

- Educating older Americans and their health professionals about the risks of depression. The NIMH and the Administration on Aging will launch an outreach initiative to educate the elderly and their healthcare professionals about mental illness.

- Reaching out to vulnerable homeless Americans with mental illnesses. The Department of Housing and Urban Development will launch a new initiative to encourage communities to create safe havens where homeless mentally ill Americans can get treatment and care.

- Implementing new strategies to meet the mental health needs of crime victims. The Department of Justice (DOJ) and the SAMHSA will partner to ensure that strategies are in place to address the mental health needs of victims of violent crime, such as terrorism or mass violence.

- Developing and implementing new strategies to address mental illness in the criminal justice system. SAMHSA and DOJ will hold a conference focusing on how the criminal justice system can prevent crime by mentally ill people, and address the needs of offenders with mental illness.

- Implementing a new comprehensive approach to address combat stress in the military. In six months the Department of Defense will issue a report on an implementation plan for a more comprehensive combat stress program throughout the military -- at least 30 percent of those who have spent time in war zones experience combat stress reaction.

- Launching the expansion of the "Caring For Every Child" mental health campaign. A five-year, $5 million campaign to highlight the special mental health needs of children -- at least 10% of American children and adolescents may have behavioral or mental health problems.

- Improving the mental health of Native American youth. Allocates at least $5 million for a collaboration between the Departments of Interior, Justice, Education, and HHS for ten Native American communities to develop effective strategies to address mental health needs of youth in settings, such as the home, school, treatment centers, and the juvenile justice system. The suicide rate for Native Americans between the ages of 5 and 24 years old is three times higher than the rest of the U.S. population in this age group.

Summary of Selected State Health-Related Legislation
The following is a summary of selected State health-related legislation for the current legislative session. The Health Commission requested this summary as a precursor to the Department's annual report on State legislative activity.

The Department has been closely monitoring approximately 500 health-related bills introduced in this legislative session, which began in December 1998. June 4, 1999 was the deadline for bills to be passed out of their house of origin in order to be considered this year. All bills that did not pass are now "two-year bills," and will remain inactive until January 2000. The following lists some of the bills that remain active in 1999 that would most impact the Department, and a few 2-year bills that are of major significance to the Department. For bills to pass in the 1999 session, they must be approved by the Legislature by September 10, 1999. The bills must then be signed by the Governor by October 10, 1999 to be enacted.

Listed in the current status and position taken by the City and County of San Francisco in parentheses after each bill. If the position was adopted by a resolution of the Board of Supervisors, as is indicated. For all other bill positions, the San Francisco State Legislative Committee, comprised of City Department, Mayor's Office, and Board of Supervisors representatives, adopted the position at the request of the Department.

Acute Care Hospitals: Staffing
AB 394/Kuehl (Senate Health and Human Services) (Watch) would require hospitals to maintain certain nurse-to-patient ratios, and would limit the nursing-related duties that may be performed by unlicensed personnel. The estimated financial impact of AB 394 for SFGH is $1 million annually.

AB 675/Thomson (Senate Health and Human Services) (Support) has been forwarded by the California Healthcare Association as an alternative to AB 394. The bill strengthens current federal language (including penalties) in the utilization of a Patient Classification System to drive staffing. SFGH is in full compliance with AB 675's requirements.

Cancer
AB 40/Wayne (Senate) (Support) would establish the Breast Cancer Treatment Program to provide breast cancer treatment to uninsured and underinsured women with income levels at or below 200% of the Federal Poverty Level (FPL).

SB 1154/Speier (Assembly) (Support) would establish the California Breast Cancer and Gynecological Cancer Treatment Program within MRMIB, for women with income levels below 300 % FPL who do not qualify for Medicare, Medi-Cal, or private insurance.

County/State Health Billing

AB 319/Thomson (Senate Health and Human Services) (Support) would advance 25% to counties at the beginning of each fiscal year for Child Health Disability Prevention Program (CHDP) administration, medical therapy and administration of the California Children's Services Program (CCS), and HIV education and prevention services.

Health Insurance Expansion/Uninsured - General

AB 26/Migden (Senate) (Support-Board) would provide for the definition, registration and termination of domestic partners and would require health plans and disability insurance group policies to include an offer of domestic partner health care benefits as an elective coverage option.

SB 480/Solis (Assembly) (Support-Board) would create a process for thoroughly examining the options for achieving universal health insurance coverage. Specifically, the bill would require the State Health and Human Services Agency to annually report on this issue to the Legislature beginning December 1, 2000, and to develop proposed legislation to implement universal health coverage, to the extent feasible, for introduction during the 2001-02 legislative session.

Healthy Families/Medi-Cal For Children

AB 43/Villaraigosa, AB 93/Cedillo, and AB 1015/Gallegos (Senate) (Support) are the Assembly's package of bills to reform and expand the Healthy Families Program (HFP) and Medi-Cal for children. The package would simplify and make more uniform eligibility requirements for the Medi-Cal and Healthy Families programs, including providing health insurance coverage for the entire family and for all documented immigrant children, streamlining the application process, and enhancing outreach to potentially eligible populations. Several other bills remain active and address these and other reform issues, such as: Medi-Cal presumptive eligibility (SB 87/Escutia); increasing the HFP income eligibility threshold to 250% FPL (SB 102/Solis) and Medi-Cal eligibility to 133% FPL (SB 111/Figueroa); requiring HFP to pay for CHDP follow-up treatment (SB 112/Figueroa); and establishing a HFP purchasing credit mechanism (SB 168/Speier). In addition, AB 100/Thomson and SB 92/Hayden are other active bills that address some of the above issues. The Budget Conference Committee has approved funding for several of these expansions.

AB 1061/McClintock (2-Year; not yet heard in committee) (Oppose) would repeal the Healthy Families, Medi-Cal, Maternal and Child Health, Access for Infants and Mothers (AIM), AIDS prevention, and other health care programs for low-income individuals. The bill would instead enact the "Access to Affordable Choice Act," to provide personal income tax credits for qualified medical costs.

AB 1363/Davis (Senate Health and Human Services) (Watch) would require the MRMIB board to include school-based health centers as traditional and safety net providers under the Healthy Families Program (HFP). Current law requires MRMIB to designate a community provider plan in each geographic area that is the participating plan with the highest percentage of traditional and safety net providers. Subscribers selecting the designated community provider plan are given a family contribution discount.

HIV/AIDS

AB 103/Migden (Senate Health and Human Services (Support-Board) would require the State Department of Health Services to develop, implement and evaluate a statewide coded HIV reporting system that does not use names. Implementation would be required by no later than January 2001.

SB 1029/Haynes (2-Year; Failed in Senate Health and Human Services, Reconsideration Granted) (Oppose) would require the State to establish a mandatory, statewide HIV names reporting system. Data collected would be used to conduct partner notification and contact tracing, in addition to other purposes.

AB 518/Mazzoni, Shelley (Senate Health and Human Services) (Support-Board) would authorize cities and counties to implement clean needle exchange projects and would authorize pharmacists, physicians, and certain persons authorized under those projects to furnish hypodermic needles and syringes without a prescription or permit.

Immigrant Health Care

AB 52/Cedillo (Senate Health and Human Services) (Support) would re-enact critical health care programs for all Californians who need them, without respect to immigration status. The programs which would be authorized include: California Children's Services Program; Genetically Handicapped Person's Program; Alzheimer's disease diagnostic and treatment centers; State and local mental health programs; developmental disabilities services; special education programs; and other services for children with disabilities.

SB 82/Vasconcellos (Assembly) (Support) would re-enact State-only Medi-Cal coverage for pregnancy-related services for undocumented women. Funding for this program is included in both the Governor's and the Legislature's proposed FY 1999-00 budgets.

SB 82 and AB 52 are necessary because Former Governor Wilson's executive order requiring verification of immigration status and denial of services to undocumented residents under 200 programs has not been rescinded by the Governor Davis.

Long-Term Care Nursing Facilities: Staffing

AB 1160/Shelley (Senate) (Watch) would make a number of changes to existing law, such as: establishing goals for direct care SNF staffing; increasing citation fines and payment requirements; revising the calculation for determining nursing hours in SNFs and ICFs; requiring specified disclosure of licensee information; directing DHS to develop and implement Medi-Cal nursing facility reimbursement system reforms (but exempting nursing facilities which operate as a distinct part of an acute hospital) and a variety of other accountability, record keeping, reporting, staffing, training, and enforcement requirements.

Medi-Cal

AB 155/Migden (Senate Health and Human Services) (Support) would require the State Department of Health Services to submit an amendment to the State Medicaid plan in order to take advantage of a federal option that allows disabled Medi-Cal recipients who return to work to be eligible for Medi-Cal. As long as individuals' countable income does not exceed 250% FPL, eligibility would continue with premiums ranging from $10 to $200 per month.

AB 359/Cedillo (Senate Health and Human Services) (Support) would reduce the State's administrative rake-off of Disproportionate Share Hospital (DSH) funds by $40 million. The Budget Conference Committee has approved a $30 million reduction of the administrative fee.

AB 715/Firebaugh (Senate Health and Human Services) (Support) would require the State Department of Health Services to continue providing 100% reasonable cost reimbursement for rural health clinic (RHC) and federally-qualified health clinic (FQHC) services through 2007. The federal Balanced Budget Act (BBA) of 1997 included a provision to phase out cost-based reimbursement to federally qualified health centers beginning in federal fiscal year 1999-2000, however, the BBA also provided states the option to continue 100% reimbursement to FQHCs and RHCs until 2003.

SB 673/Escutia (Assembly Health) (Support) would extend Medi-Cal transitional benefits for families leaving CalWORKs by requiring only annual statements of earnings or assets to reaffirm eligibility, rather than quarterly re-certification.

SB 780/Burton (Assembly Health) (Support) would enact a number of measures designed to simplify and streamline eligibility for the Medi-Cal program, such as: permitting Medi-Cal applicants to submit a copy of the prior year's tax return to document gross income; elimination of resource requirements and the limitation on employment hours for Medi-Cal beneficiaries; permitting parents of children who are Medi-Cal beneficiaries to apply for Medi-Cal with a mail-in application; and providing twelve months' of continuous eligibility for Medi-Cal.

Medicinal Marijuana

SB 847/Vasconcellos (Assembly) (Support) would establish a 3-year program to be called the California Marijuana Research program, under which $1 million per year would be allocated for studies intended to ascertain the general medical safety and efficacy of marijuana, and, if found valuable, to develop medical guidelines for the appropriate administration and use of marijuana.

SB 848/Vasconcellos (Assembly) (Support) would require the State to develop and implement a plan for the safe and affordable distribution of medicinal marijuana.

Mental Health

AB 34/Steinberg (Senate Health and Human Services) (Support-Board) would provide four-year training and planning grants to counties with significant numbers of homeless mentally ill adults and older adults. Grants would be extended beyond four years if a county reduces incarceration rates by twenty percent.

AB 88/Thomson (Senate) (Support) would require health insurance coverage parity between limitations on mental health care and other health care. It is designed to require health plans to cover specific severe biologically based mental illnesses, such as schizophrenia and persistent clinical depression.

SB 468/Polanco (Assembly) (Support) would require health insurance coverage parity between mental health care and other health care with respect to co-payments and limitations. This measure would require health plans to provide coverage for the diagnosis and medically necessary treatment of mental illness as defined in the Diagnostic and Statistical Manual IV.

Prevention

SB 405/Ortiz (Assembly Health) (Support) would require the Department of Mental Health to establish several programs to prevent suicide, including: Gatekeeper training pilot programs through 3-year contracts with counties or nonprofit organizations; evidence-based suicide treatment pilots; a public awareness and education campaign targeted at junior high and high school students; a 24-hour central statewide suicide crisis line that links callers to local services; and a central Internet-based data base on suicide and community resources.

Public Health
AB 1557/Migden (Senate) (Support) would require any person performing venipuncture and skin puncture for the purpose of withdrawing blood in clinical laboratories to be certified as a "certified phlebotomy technician," and to meet training guidelines to be developed by the State by January 2001.

SB 269/Ortiz (2-Year) (Support) would increase the local public health subvention for basic population-based disease control functions to 60 cents per capita or a base of $100,000 – whichever is greater. The Budget Conference Committee approved a portion of the funds needed for this increase, $7.7 million statewide.

SB 1256/Polanco (Assembly) (Support) states the intent of the Legislature to appropriate an unspecified amount to the Department of Health Services for screening of uninsured individuals at high risk for hepatitis C.

School-Based Health
AB 210/Wildman (Senate Education) (Watch) would establish the Healthy Student Partnership Fund to make funding available to schools for capital outlay projects to improve physical space for student health services.

Tobacco Settlement
Dozens of bills were introduced to specify how the State's share of the national tobacco settlement funds may be spent. However, none of these bills moved out of the Appropriations Committees of the Senate and Assembly by the deadline, and are thus two-year bills. However, in late May a coalition of state health organizations and Democratic legislators came together in an effort entitled "Don't Let Tobacco Funds Go Up in Smoke: Use Tobacco funds for Health and Health Care." The Coalition is urging the Governor and Legislature to dedicate a separate fund for the tobacco settlement monies which will ensure funding of health-related programs such as smoking prevention, patient treatment for smoking-related illnesses, and research.

POPULATION HEALTH AND PREVENTION

HIV Prevention Planning Council Community Forum
On Thursday, June 3rd, the HIV Prevention Planning Council convened a community forum to gather information on the HIV prevention issues surrounding private spaces in public sex venues. The event was held at Mission High School and drew approximately 60 members of the public.

The panel of speakers included: Michael Petrelis (Queer Nation), David Pasquereli (ACT-UP San Francisco), David Attyah and Steve Filandrinos (Health Watch), Bill Woods, Ph.D. (CAPS), and Dr. Katz.

Advocates for privacy testified during the public comment portion of the meeting. The HPPC approved a motion to be sent to the Health Commission recommending the removal of bathhouse prohibitions. After the meeting, a procedural error was identified which nullified the vote. At the subsequent meeting of June 10, the council voted on the following motion:

"The HPPC recommends to DPH that unless clear and compelling evidence exists to demonstrate that private spaces in commercial/public sex environments increases the rate of HIV transmission, that DPH rescind the current policy that prohibits private spaces in commercial sex establishments."

The motion passed nine "yes" votes, six "no" votes, and one abstention. This recommendation does not endorse reopening the bathhouses, or a ballot initiative about commercial sex establishments.

TL/SOMA Action Point Adherence Project

The TL/SOMA Action Point Adherence Project (APAP) will be moving into a new site July 6. APAP is a collaborative project of the SF AIDS Foundation and the Health Department that provides medication adherence support for HIV infected homeless or marginally housed individuals. APAP will be moving into a site on the ground floor of the Rose Hotel, 125 - 6th Street between Mission and Howard. The site has been built-out specifically for this purpose. Services provided at Action Point include medication storage and dispensing, nursing and individualized medication adherence assistance, case management, mental health, substance use treatment referrals, acupuncture and pharmacist consultation. In addition, HIV Prevention Point will provide needle exchange services on site three days a week. Tom Waddell Health Clinic and the UCSF Student Homeless Project will provide urgent care medical services four days a week. APAP has the capacity to provide services for 150 individuals and will be open seven days a week noon to 6 p.m. These services have been provided since March 1 at the San Francisco AIDS Foundation, 16th Street.

Children's Lead Poisoning Poster

A new illustrated poster, "Has Your Child Been Exposed to Lead?" has been produced by the Children's Environmental Health Promotion Section for clinic waiting rooms, so that parents will become aware of risk factors for lead poisoning. The poster is based on the risk questionnaire portion of San Francisco's Targeted Lead Screening Policy. To order in English, Spanish or Chinese, contact the program at 554-8930.

STD Prevention and Control

The St. James Infirmary established to exclusively serve sex workers, opened June 2nd from 6-9 p.m. Eleven sex workers were seen during the first clinic. All STD tests were negative.

Treatment On Demand Planning Council

The Substance Abuse Treatment on Demand Planning Council held it's June 3rd meeting in the San Francisco City Jail to gather first hand reports on the treatment needs of the jail population. After a presentation by the Sheriff's staff and a discussion with Sheriff Hennessey, the Council went into the dormitory area. Half of the Council visited with approximately 100 men in the 'Roads to Recovery' and the other half with approximately 40 women in the 'Sisters Program'. The incarcerated men and women were strikingly frank and articulate in their descriptions of their substance problems and long list of recovery related needs.

Recurring themes were the scarcity of: culturally and linguistically appropriate material, treatment in jail, assistance with the transition out of jail into community programs, community programs easily accessible to ex-offenders, dual/triple diagnosis treatment, life skills preparation, and support for vocational development. The information gathered will be used to help the Council prepare next year's list of Treatment on Demand priorities.

COMMUNITY HEALTH NETWORK

LHH Annual Survey Completed

A team of 18 State Licensing and Certification and HCFA representatives conducted Laguna Honda's annual recertification survey from May 25th through June 10th. The survey team presented preliminary findings at an exit conference on June 10th. The survey team reported no substandard care findings. The team did identify a number of minor deficiencies, and referenced ongoing concerns about the quality of life conditions in the open wards, and the non-compliant size of semi-private rooms. The Department expects to receive the final survey report in approximately three weeks. At that time we will have a clearer picture of the State and HCFA's concerns about the physical plant environment and its impact on census.

LHH Gero Psych Unit Opens

The first of three specialty social behavioral SNF units opened on June 7th at Laguna Honda Hospital. The Geropsych Unit, which will provide enhanced clinical and programmatic services for residents on the second floor of Clarendon Hall, was the first unit to open. The staff for this unit have participated in an intensive, customized training program for the past two weeks and are very excited to begin providing care for the residents on the new unit.

The Med-psych and Neuro-psych units, which will round out the complement of the three new social behavior units, will open in 3-month increments.

Bridge to Wellness Program

The Bridge to Wellness Program, a program of the Department of Psychiatry at San Francisco General Hospital and operated by contract with Richmond Area Multi-Services, Inc., will be moving to another location. Staff has located a site at 1460 Pine Street (between Polk and Larkin) in San Francisco, which will adequately meet the needs of the clients of the Partial Hospitalization Program. The site is zoned for such use and will not require a "change of use" or Proposition I. The Health Commission's "Good Neighbor" policy is being followed and staff is doing outreach to the community. A meeting is scheduled June 16th from 4:30 - 6:00 p.m. to describe the program, answer questions and respond to neighborhood concerns. The contract for this program is currently in year two of a three-year contract (July 1998 through June 2000).

Sylvia Villarreal Resignation

It was announced that Dr. Sylvia Villarreal, SFGH's Chief of Staff for the past year, has resigned. Dr. Villarreal set a high standard of leadership for SFGH's medical staff. She was a prominent player in ensuring that we passed the recent JCAHO survey.

Dr. Villarreal will spend the next year working as a private pediatrician at the Taos Clinic for Children and Youth in New Mexico.

Juneteenth

Juneteenth, the observance of freedom from slavery, is the oldest African American holiday. On Friday, June 18th, the UCSF/SFGH Circle of Sisters in conjunction with CHEARS, will host a Juneteenth celebration in the SFGH cafeteria. There will be music, entertainment, soul food and the announcement of the Juneteenth Essay contest winners.

Saturday and Sunday June 19-20 Maxine Hall Health Center will participate in the Western Addition's Juneteenth Festival at Kimball Park. Staff will share a booth with Healthy Families, Lead Prevention, Environmental Health, and Breast and Cervical Cancer Prevention staff to provide interactive information to the public. If you like to volunteer for this event, contact Arla Escontrias 206-2332.

SFGH Appointments	**5/99**	**YTD**
New Appointments	13	92
Reappointments	26	208
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	29	102
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0

Changes in Privileges:		
Additions	0	22
Voluntary Relinquishment	01	05

Current Statistics – as of 6/4/99

Active Staff	334
Affiliate Professionals	133
Courtesy Staff	536
Referring Staff	60
Total Members	1163
Applications in Process	70
Reappointment In Process	48
Reappointment Requested not Received (Due through 8/99)	32

Commissioner Chow inquired about a liability bill for physicians, AB 394, AB 103, and the process for passage of bills in the State Legislature.

Referring to a June 15, 1999 letter from Deputy City Attorney Jean Fraser to the Health Commission, Commissioner Ron Hill, the only Commissioner who is gay and HIV positive, expressed his support for Dr. Katz's position on the bath house issue and encouraged his colleagues to do the same.

Commissioner Guy expressed her appreciation for the summary of the health-related bills to keep the Commission informed. She also stated her support for Dr. Katz's position on the regulations for sex clubs. She feels there have been public forums on this subject.

President Monfredini voiced her support for Dr. Katz's position on the bath house issue.

Commissioner Chow also agrees with Dr. Katz's position and pointed out that the Health Officer (i.e., Director of Public Health) has the authority to issue standards relating to sex clubs.

Commissioner Umekubo expressed his support for Dr. Katz's position and requested comments from Ms. Fraser.

Ms. Fraser cited excerpts of her June 15, 1999 letter to the Commission describing the authority of the Director of Public Health to issue standards relating to sex clubs.

Commissioner Sanchez thanked Ms. Fraser for her informative letter. He clarified that the letter was for information purposes and not as an agenda item.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JUNE 1999

On behalf of the Commission, Vice President Roma Guy presented the awards for the month of June.

Individual Nominees	Division	Nominated by
Adam Luna	CHN – SSI Project/Tom Wadell Clinic	Patricia Birmingham, RN, MS
Lolita Rivas	PH&P – Mental Health Geriatric Services	Thomas Mesa, Director, Geriatric System of Care

Team Nominees	Division	Nominated by
Children's Environmental Health Promotion Staff	PH & P – Community Health Promotion and Prevention/Children's Environmental Health Promotion Staff	Karen Cohn, Program Manager
	" "	
Karen Cohn	" "	
Joe Walseth	" "	
Gail Herrick	" "	
Haroon Ahmad	" "	
Christine Martin	" "	
Leticia Medina	" "	
Harriet Lem	" "	
David Lo	" "	
Frances Gonzalez	" "	
Kathy Chiu	" "	
Sarah Saavedra	" "	
Ihsan DuJaili	" "	
Lawrence Lee	" "	
Karen Yu	" "	

Public Speaker: Neil Gendel, Healthy Children Organizing Projects, thanked the Commission for recognizing the Children's Environmental Health Promotion Staff.

6) **CONSIDERATION OF A RESOLUTION ADOPTING THE SAN FRANCISCO COMMUNITY ASSESSMENT REPORT DEVELOPED BY THE BUILDING A HEALTHIER SAN FRANCISCO COLLLABORATIVE**

At the Commission's request, Tangerine Brigham, Director of Policy and Planning, presented a resolution regarding the assessment report presented by the Building a Healthier San Francisco Collaborative.

Commissioner Guy encouraged the Department to disseminate the report throughout the Department. Ms. Brigham stated that the report is available on the Department of Public Health web site and the Director's Fast Facts through e-mail. Additionally, an Executive Summary is available.

Commissioner Chow proposed an amendment to the resolution indicating the Department's usage of this report in its Strategic Planning.

Action Taken: The Commission adopted Resolution #21-99, "Supporting the 'Building a Healthier San Francisco Collaborative: A Citywide Collaborative Community Assessment' Report,'" (Attachment A), as amended by Commissioner Chow.

7) **PRESENTATION OF A RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH, VITAL STATISTICS, TO ACCEPT PASSPORT APPLICATIONS PURSUANT TO DESIGNATION OF AUTHORITY FROM THE U.S. STATE DEPARTMENT**

Dr. Katz presented the following:

Population Health Records and Statistics is the section of the Health Department charged with registering into the City's care, all records of births and deaths occurring within its legal limits. Our staff maintains, amends and corrects these records.

When an official government record of a birth or death is required, and upon payment of all statutory fees, our office issues legal originals of such records to all who may apply. Customers making such a purchase at our office, or any of the thousands like it across the country, present the legal original to other agencies of government, such as the Department of Motor Vehicles (DMV); Social Security Administration (SSA); Veterans Administration (VA), Immigration and Naturalization Services (INS); the U.S. Passport Service, and State or local welfare agencies.

With encouragement from this office, certain such agencies routinely confer with us to verify documents purportedly issued by us. Within moments, typically, we are able to accurately confirm the authenticity or the fraudulence of the record.

It is this capability, predicated upon our skilled recognition of the indications of fraud which has motivated, in large measure, agents of the local Passport Agency to seek our cooperation in receiving and screening applications for passports.

After studying the Department's operational capacity, the Department feels confident that it can respond effectively to the projected volume and the attendant demands of providing passport acceptance services at 101 Grove Street. Furthermore, with an initial investment of about $1,000 in equipment, the Department will be able to provide photos to applicants who complete passport applications at our service window.

Taken together, the $15.00 passport acceptance fee at a proposed $10.00 photo fee, is conservatively projected to add no less then $35,000 to General Fund revenues received annually.

Dr. Katz acknowledged Ed Hernandez, Director of Vital Statistics. Mr. Hernandez also was selected as winner of the best budget idea for decreasing expenses or generating revenues in the Department. Mr. Hernandez reported that the present first floor space for Vital Statistics will be expanded to include this passport service.

Action Taken: The Commission adopted Resolution #22-99, "Authorizing the Department of Public Health, Population Health Records and Statistics Section, to Begin Accepting and Processing Passport Applications Pursuant to a Designation of Authority from the United States Department of State," (Attachment B).

Note: Commissioner Sanchez left at 5:05. Commissioner Umekubo left at 5:15 p.m.

8) PRESENTATION AND CONSIDERATION OF A RESOLUTION REGARDING PRIMARY PREVENTION

Dr. Larry Meredith, Director of Community Health Promotion and Prevention; Brian Katcher, Health Educator; and Ginger Smyly, Deputy Director, presented an update and covered the following areas:

Overview of Population-Based Primary Prevention
Evidence Basis for Primary Prevention
Community Engagement

Exhibits
- Prevention Strategies
- Key Primary Prevention Projects – four Budget Cycles
- DPY Funding Levels. Four Budget Cycles
- Inventory of Prevention Programs – Two Budget Cycles

Highlighted Programs
- Children's Environmental Health Promotion
- Injury Prevention: The CHIPPS Program
- Countering Pro-Tobacco: The Tobacco Free Project
- Violence Prevention: Violence as a Public Health Issue

Highlighted Areas of Need
- African American Health Initiatives
- Alcohol Use and Population-Based Prevention

Dr. Meredith acknowledged Commissioner Parker's ongoing advocacy for prevention.

President Monfredini stated the proposed resolution would not be considered today but will be continued to a future meeting.

Public Speakers: Expressed support for the proposed resolution, participation in strategic planning, continued partnership with the community, violence prevention education, crime prevention, and prevention as a long-term process.

Neil Gendel, Healthy Children Organizing Project
Linda Mack Burch, BVHP Healthy Start
Marie Hoemke, SFUSD Asthma Task Force
Dr. Mary Beth Love, S.F. State University
Gloria B. Soliz, Safety Network Program
Broderick Lee, Coordinator for Violence Prevention
Gene Coleman, Citywide Alcoholism Advisory Board
Dee Epps-Miller, BVHP Healthy Start

Gill Criswell, CUSP, objected to this agenda item because data and information on education on prevention of HIV were not available to the public.

Letters of support for prevention were submitted from Beverly Rashidd and Lynda Boyer-Chu, RN, MPH.

Commissioners' Comments:

- The proposed resolution would be part of preparation for the FY 2000-2001 DPH budget
- An apology was expressed for any miscommunication with Department staff
- There is a need for short-term and long-term goals for prevention
- The resolution needs to include how information on prevention programs get out to the public (i.e., public awareness program), a commitment to prevention, and a commitment to find funds
- It is a challenge for the Department's Strategic Plan, in the context of limited funds, not to pit one program against another. What is really needed for Population Health and Prevention with the broad Strategic Plan for the Department?
- Population Health and Prevention should bring forward a comprehensive prevention plan with costs and expected outcomes
- This is the first step towards a long-term plan for prevention
- What is the public awareness and general public education aspect of prevention?
- A revised resolution was requested for the July 6, 1999 agenda

9) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: Lincoln Madison expressed his non-support for the Department's regulations for sex clubs and thinks the Commission should exert its authority over the regulations.

President Monfredini referred to the City Attorney letter dated June 15, 1999 explaining the authority of the Director of Public Health to issue standards relating to sex clubs.

The meeting was adjourned at 6:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 21-99

SUPPORTING THE "BUILDING A HEALTHIER SAN FRANCISCO COLLABORATIVE: A CITYWIDE COLLABORATIVE COMMUNITY ASSESSMENT" REPORT

WHEREAS, the Building a Healthier San Francisco Collaborative is comprised of San Francisco hospitals, the San Francisco Department of Public Health, The United Way of the Bay Area, and San Francisco community agencies, and is working to foster broader, more effective partnerships to respond to San Francisco's health and human service needs; and

WHEREAS, the Collaborative has developed "Building a Healthier San Francisco: A Citywide Collaborative Community Assessment" - the most comprehensive profile currently available on the health and social conditions of San Francisco residents; and,

WHEREAS, the report provided a demographic profile of the City and identified 15 "critical issues" of greatest concern including poverty, housing, homelessness, child care, access to health care services, child abuse and neglect, domestic violence, suicide, alcohol, tobacco, and other drugs, AIDS/HIV, asthma, immunizations and communicable diseases, mental health, cardiovascular disease, and long term care, and,

WHEREAS, San Francisco community not-for-profit hospitals will use the findings of the report to develop and implement hospital-specific Community Benefits Plans under California law, The United Way of the Bay Area will use the findings for its priority-setting and program funding process, and community organizations can use the report for planning and program design; and,

WHEREAS, the Department actively encourages the gathering and analysis of health and social data (both quantitative and qualitative) in order to assess community needs, monitor health status, and develop appropriate strategies and programs to improve community health; and,

WHEREAS, the Department considers the development of the "Building a Healthier San Francisco: A Citywide Collaborative Community Assessment" report as an important effort to expand the public's knowledge and understanding of health and social needs; and,

WHEREAS, the Building a Healthier San Francisco Collaborative is widely disseminating the report to elected officials, City agencies, and community organizations; and,

WHEREAS, the Building a Healthier San Francisco Collaborative will continue to promote a healthier San Francisco by expanding its membership, evaluating areas of need and gaps in programs and services to meet those needs, identifying shared interests and priorities to act on, and continuing to collect and disseminate critical information about the health of San Francisco residents, now, therefore; be it

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 21-99 (Cont'd.)

RESOLVED, that the Health Commission supports the "Building a Healthier San Francisco: A Citywide Collaborative Community Assessment" report; and, be it

FURTHER RESOLVED, that the Department of Public Health continue to actively participate in the Building a Healthier Collaborative to promote community health planning and action among Collaborative participants; and, be it

FURTHER RESOLVED, that the Department of Public Health use the report as a tool for assessment, planning, and program design, including strategic planning for the Department; and, be it

FURTHER RESOLVED, that the Health Commission urge health and social service organizations to become active with and to share data and information with the Building a Healthier San Francisco Collaborative in order to enhance the quality and accuracy of the data on the health of San Franciscans; and, be it

FURTHER RESOLVED, that the Health Commission strongly encourage health and social service organizations and agencies throughout San Francisco to use the information in their planning and collaborative actions.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, June 15, 1999.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 22-99

AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH'S POPULATION HEALTH RECORDS AND STATISTICS SECTION TO BEGIN ACCEPTING AND PROCESSING PASSPORT APPLICATIONS PURSUANT TO A DESIGNATION OF AUTHORITY FROM THE UNITED STATES DEPARTMENT OF STATE

WHEREAS, Federal law authorizes the Secretary of State to designate persons to act as passport agents; and,

WHEREAS, a primary requirement of a passport application is a certified copy of certificate of birth; and,

WHEREAS, the Department of Public Health's Population Health Records and Statistics Section issues birth certificates; and,

WHEREAS, the Passport Office in San Francisco is cutting back on services, and is requiring applicants to make appointments in advance; and,

WHEREAS, the San Francisco Passport Office staff contacted the Department of Public Health and requested that Department of Public Health's Population Health Records and Statistics Section begin to process applications for passports; and,

WHEREAS, these changes will affect the capacity for accepting U.S. passport applications from the citizenry of San Francisco to be significantly reduced; and,

WHEREAS, the capacity for competent and expert execution of procedures consistent with this activity is well recognized to exist within the Population Health Records and Statistics Section; and,

WHEREAS, the residents of San Francisco would benefit from the availability of an additional location at which to apply for a passport and, in addition, be able to receive a copy of certificate of birth at the same location; now, therefore, be it

RESOLVED that the Health Commission recommends that the Director of Health apply to the U.S. Department of State seeking the designation of Passport Application Acceptance Agency on behalf of the Health Department's Population Health Records and Statistics Section; and, be it

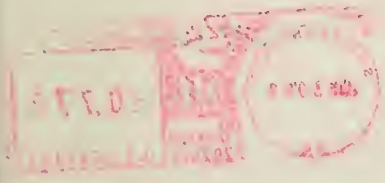
FURTHER RESOLVED that the Health Commission approves the proposal of the Population Health Records and Statistics Section to engage in activities consistent with that designation; and, be it

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 22-99 (Cont'd.)

FURTHER RESOLVED that the Health Commission recommends the Population Health Records and Statistics Section provide these and other support services as will benefit and expedite the passport application process for the residents of San Francisco.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, June 15, 1999.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission



City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
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Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

July 6, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING JUNE 15, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **PHP-CHS-Housing** – Request for approval of retroactive contract renewal with Ark of Refuge, Inc., in the amount of $282,480 per year, for the provision of residential substance abuse treatment services, for the period of March 1, 1999 through February 29, 2000. (DPH contracted with Ark of Refuge for services totaling $258,940 during FY 1997-98).

(3.2) **PHP-CHS-Housing** – Request for approval of contract renewal with San Francisco AIDS Foundation (SFAF), in the amount of $200,000, for the provision of partial rental subsidy services for people with HIV who are imminently homeless, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SFAF for services totaling $ 5,204,521 during FY 1997-98).

(3.3) **PHP-CHS-Housing** – Request for approval of contract renewal with San Francisco AIDS Foundation (SFAF), in the amount of $231,364, for the provision of housing wait list services for people with HIV, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SFAF for services totaling $ 5,204,521 during FY 1997-98).

(3.4) **PHP-CHPP-HIV Prevention Services** - Request for approval of contract renewal with San Francisco AIDS Foundation HIV Prevention Project (SFAF), in the amount of $574,956, for the provision of HIV prevention services, including syringe exchange services, to injection drug users, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SFAF for services totaling $ 5,204,521 during FY 1997-98).

(3.5) **PHP-CHPP-HIV Prevention Services** - Request for approval of contract renewal with San Francisco AIDS Foundation (SFAF), in the amount of $505,721, for the provision of HIV prevention services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SFAF for services totaling $ 5,204,521 during FY 1997-98).

(3.6) **PHP-CHS-CSAS** – Request for approval of a contract renewal with Center for Juvenile and Criminal Justice (CJCJ), in the amount of $200,000, to provide substance abuse supportive living services to parolees, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CJCJ for services totaling $200,000 during FY 1997-98).

(3.7) **PHP-CHS-CSAS** – Request for approval of Sole Source and new contract with Homeless Prenatal Program, in the amount of $112,262, to provide substance abuse prevention services to homeless or very low income women, for the period of July 1, 1999 through June 30, 2000.

(3.8) **PHP-CHS-CSAS** – Request for approval of multi-year contract renewal with MV Transportation, in the amount of $79,540 per year for four years, for the provision of emergency transportation services for mental health clients, for the period of July 1, 1999 through June 30, 2003. (DPH contracted with MV for services totaling $79,540 during FY 1997-98).

(3.9) **CHN-Primary Care-Homeless** – Request for approval of Sole Source and contract renewal with Central City Hospitality House (CCHH), in the amount of $528,265 per year, for the provision of case management services for homeless persons, for the period of July 1, 1999 through June 30, 2001. (DPH contracted with CCHH for services totaling $595,397 during FY 1997-98).

(3.10) **CHN-Primary Care-Homeless** – Request for approval of Sole Source and contract renewal with Bar Association of San Francisco (BASF), in the amount of $115,457 per year, for the provision of SSI advocacy and technical assistance, for the period of July 1, 1999 through June 30, 2001. (DPH contracted with BASF for services totaling $291,363 during FY 1997-98).

(3.11) **CA-Finance** – Request for approval of proposed FY 1999-2000 patient rates for services rendered by the Department through the Community Health Network and Population, Health and Prevention.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **CONSIDERATION OF A RESOLUTION ON FAMILY FOCUSED CARE**

6) **CONSIDERATION OF A RESOLUTION AMENDING THE MUNICIPAL CODE TO MOVE REGULATION AND PERMITTING OF MASSAGE PARLORS FROM THE POLICE TO THE HEALTH DEPARTMENT**

7) CONSIDERATION OF A RESOLUTION OUTLINING RECOMMENDATIONS FROM THE WORKING COMMITTEE ON PHYSICIAN-PRESCRIBED METHADONE

8) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

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MINUTES OF THE HEALTH COMMISSION MEETING

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JUL 15 1999

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Tuesday, July 6, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

07-15-99

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

Absent: Commissioner Roma P. Guy, M.S.W.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 15, 1999.

Action Taken: The Commission unanimously adopted the minutes of June 15, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **PHP-CHS-Housing** – Request for approval of retroactive contract renewal with Ark of Refuge, Inc., in the amount of $282,480 per year, for the provision of residential substance abuse treatment services, for the period of March 1, 1999 through February 29, 2000. (DPH contracted with Ark of Refuge for services totaling $258,940 during FY 1997-98).

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This item had been approved at a previous meeting.

(3.4) **PHP-CHPP-HIV Prevention Services** - Request for approval of contract renewal with San Francisco AIDS Foundation HIV Prevention Project (SFAF), in the amount of $574,956, for the provision of HIV prevention services, including syringe exchange services, to injection drug users, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SFAF for services totaling $ 5,204,521 during FY 1997-98).

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Due to a recent financial restructuring within this contract agency, the Department recommended the provision of technical assistance and a 3-month renewal on the current contract, with the understanding that the contract renewal for FY 1999-2000 will be considered after the 3 months.

(3.10) **CHN-Primary Care-Homeless** – Request for approval of Sole Source and contract renewal with Bar Association of San Francisco (BASF), in the amount of $115,457 per year, for the provision of SSI advocacy and technical assistance, for the period of July 1, 1999 through June 30, 2001. (DPH contracted with BASF for services totaling $291,363 during FY 1997-98).

(3.11) **CA-Finance** – Request for approval of proposed FY 1999-2000 patient rates for services rendered by the Department through the Community Health Network and Population, Health and Prevention.

For the future for comparison purposes, Commissioner Sanchez requested patient rate information from other private and public hospitals.

Commission Parker requested clarification on the decrease/increase in funding of contractors on the Budget Committee agenda.

Commissioner Chow requested summary information on contractors indicating unit costs and funding sources (i.e., general fund, grants). He also requested clarification on the Bar Association contract.

Action Taken: The Commission approved the Consent Calendar for the Budget Committee with the specific recommendation, excluding #3.3.

4) DIRECTOR'S REPORT (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

FY 1999-00 Budget – Board Add Backs

The Board of Supervisor's Finance Committee concluded budget hearings in mid-June. Minor cuts in the DPH budget were recommended by the Budget Analyst and approved by the Finance Committee. These cuts, totaling $254,251, included reductions that will delay the hiring of new positions in Mental Health and Maternal and Child Health until August 1, 1999. These new programs are funded with new revenue sources.

The Finance Committee also added back additional funding citywide for new and existing programs. DPH received a total of $1.7 million in one-time funding. Funding for four of the programs has been placed on reserve. DPH will work with the Board this month and next to release these funds held on reserve. The full Board is scheduled to approve the FY 1999-00 budget later this month. One-time funding added to the FY 1999-00 budget includes:

Children's Mental Health Initiative – On Reserve	$ 270,000
Women's Community Clinic	34,000
Mission SRO Fire Suppression Collaborative – On Reserve	245,000
Names Project – Rent	21,000
Shanti – Full Circle of Care	75,000
Healthy Families Public Outreach	50,000
New Leaf Mental Health Services	75,000
Bridge Project – Homeless Health	67,000
Treatment on Demand	250,000
Asthma Resource Center	100,000
SAGE Freestanding Facility – Substance Abuse	125,000
Methadone Access Physician Training – On Reserve	50,000
Acute Diversion for Mental Health – On Reserve	300,000
Total:	$1,662,000

Governor's Budget – Prop 99 Funding Reduction

The FY 1999-00 State budget has been signed into law by Governor Davis. Preliminary estimates indicate that Prop 99 funding to DPH will be reduced by $2.76 million. Most of this reduction, $2.5 million, will result in funding reductions to San Francisco General Hospital. The remainder will be for reduced reimbursement to community hospitals and private physicians for indigent care. The Prop 99 program is administered by the AB 75 project in DPH.

Dr. Katz will keep the Commission informed of efforts to replace this funding loss.

Policy and Planning

Patricia Dunn, Senior Health Planner in the Office of Policy and Planning, will be leaving the Department at the end of this week. For the past 2½ years, Patricia has done the legislative monitoring, analysis and planning for the Department. Through her many efforts Ms. Dunn has helped streamline our State legislative tracking system. Pat also worked on such diverse issues as immigrant health and HIV/AIDS. Patricia has been a tremendous asset to the Department and will be sorely missed, as she leaves DPH to continue her good work at the Gay and Lesbian Medical Association.

Federal Legislation

The Work Incentives Improvement Act of 1999 (S. 331 – Jeffords) was passed by the United States Senate by unanimous bipartisan support (99-0). Both Senators Boxer and Feinstein support S. 331. The bill would has five components which would:

- amend the Social Security Act to expand the availability of health care coverage for working individuals with disabilities,
- establish a Ticket-to-Work and Self-Sufficiency Program in the Social Security Administration to provide such individuals with meaningful opportunities to work,
- provide for a permanent extension of disability insurance program demonstration project authority,
- make technical amendments to the Contract with America Advancement Act of 1996 and the Social Security Act, and
- make amendments to the Internal Revenue Code.

S. 331 could substantially increase the number of insured persons by giving States the option to allow workers with disabilities to buy into their Medicaid program. Eliminating the income, asset and resource limitations, which prevent such persons from qualifying for the Medicaid, would do this. This measure can eliminate the disincentives for persons with disabilities to work. The Department believes that S. 331 will be critical in efforts to assist those with disabilities, chronic illnesses, HIV/AIDS, etc., remain in the workforce.

POPULATION HEALTH AND PREVENTION

Mental Health Suicide Conference

On September 23, 1999 the Department of Public Health along with United Behavioral Health, UCSF and the SF Medical Society will present the "Suicide Prevention and Early Intervention Conference." The goals of the conference are: 1) to educate clinicians and administrators in the fields of mental health, substance abuse, public health/primary care, and managed care about suicidality treatment and current research, and 2) to develop a suicide prevention action plan for the Department of Public Health.

STD's and Art Workshop
The STD Program is implementing a summer STD's and Arts Workshop. The program will hire 10 youth and a coordinator to perform at a variety of community based events throughout the City. The Program is designed to create an environment for youth to perform and to develop self-esteem and confidence.

The youth will attend group sessions and will receive information about STD's, HIV, drugs, teen pregnancy, effective decision making, abstinence and violence prevention. Since dramatic arts are a medium youth like, we hope that this program will provide the opportunity for participants to express themselves through singing, dance, drama and poetry. For more information about this Program, please call Jacque McCright at 554-8476.

Children's Environmental Health Promotion
CEHP in collaboration with the Public Utilities Commission (PUC) - Water Quality Bureau (WQB) implemented a project for testing lead in water. 5,419 enrollees of the Women, Infant, Children Supplemental Nutrition Program (WIC) were offered this free service. Sixty-one percent of the clients completed the survey and took the sample bottle home. Forty-four percent of those who took the bottle home were able to return the collected sample for analysis. Nine samples were found to have concentration of lead above 15 ppb, USEPA's level of concern. Repeat sampling was done for six clients from at least two different water sources: bathroom and kitchen faucets. Three clients declined any retesting services, and received education about lead over the phone and by the mail. Seven of the nine clients with water lead levels exceeding USEPA's level of concern received an educational home visit from CLPP's health educators as a second follow-up. The remaining two clients moved from the initial address reported at the time of the survey, and no forward address was given for them. A comprehensive report of the project findings is in progress, and is being coordinated by Frances Gonzalez and Haroon Ahmad at 554-8930.

Community Health Promotion and Prevention
On Thursday June 24th, the San Francisco Alcohol Policy Coalition met for the first time. The goal of the Coalition is to reduce alcohol-related problems in San Francisco. Participants include representatives of community organizations that work on alcohol related issues in San Francisco. Supervisor Leland Yee attended the meeting and provided an overview of legislation he has introduced that calls for "good neighbor" policies on the part of alcohol outlets in the Tenderloin. The Director of the Oakland Alcohol Policy Network provided information about efforts to get local control over alcohol sales and advertising. Currently, the California Alcohol and Beverage Control Agency has jurisdiction over these policies.

The San Francisco Alcohol Policy Coalition will meet again on August 26th and will begin to develop strategies to address specific alcohol related issues in San Francisco communities.

COMMUNITY HEALTH NETWORK
Board of Supervisors Approves Ballot Measure for Laguna Honda Hospital.
On June 21st, the Board of Supervisors took final action to place a $299 million General Obligation Bond on the November 2, 1999 ballot to replace Laguna Honda Hospital. With voter approval, this measure would create 1,200 new skilled nursing beds (and a small number of acute beds) and 140 assisted living units. Dr. Katz expressed his appreciation to the members of the Health Commission for their support of this important measure. The Department will participate in a public education program related to the community's increasing need for long term care services in the future, and Laguna Honda's role in helping meet those needs.

Senator Speier to Host Town Hall Meeting at Laguna Honda.
State Senator Jackie Speier will convene a Town Hall meeting this Saturday, July 10th, at Laguna Honda Hospital's Simon Auditorium from 10-11:30 a.m. The Senator will express her support for the replacement of Laguna Honda Hospital and address other areas of interest to her constituents. All members of the Commission and the public are invited to attend.

Mayor's Appointment
Mayor Willie Brown has appointed Melissa Welch, M.D., CHN Medical Director, to the Health Services Commission. She was sworn in and began her service on June 15th, 1999. The Health Services Commission oversees the City's Health Services Systems.

Commissioners Parker and Chow pointed out the potential loss of funding from the State and encouraged the Department to consider that as part of the Strategic Planning.

5) CONSIDERATION OF A RESOLUTION ON FAMILY FOCUSED CARE

Mr. Jimmy Loyce, Jr., Deputy Director of Health, reported that the Children's System of Care Planning Council (CSCPC) includes representatives from the Department of Public Health, SFUSD, Juvenile Probation Department, Department of Human Services, and community-based organizations that serve children, families, and parents.

The CSCPC has a Family Focused Care Committee, which develops family focused strategies to assist children and their parents who are part of the children's service provider network. This Committee developed "A Message from Parents and Families to Service Providers," which is one of inclusion, respect, and cultural competence.

Mr. Loyce acknowledged the presence of some of the Committee members.

Public Speakers: supportive of the proposed resolution

Teresa Gallegos, parent
Lucy Arellano, parent of a special child

Commissioners' Comments:

- Will this be a part of the Department of Public Health Strategic Plan?
- Could this document be used against issues of privacy of minors? Need to include language in the resolution addressing this issue.
- What does the Department do different from the State standard?
- Impressed with participation by various entities

Deputy City Attorney Jean Fraser proposed additional language to the last "Further Resolved" to add "...within the confines of State and Federal privacy laws."

Action Taken: The Commission adopted amended Resolution #23-99, entitled "Supporting the Family Focused Care Committee of the Children's System of Care Planning Council, 'A Message from Parents and Families to Service Providers'", (Attachment A).

6) CONSIDERATION OF A RESOLUTION AMENDING THE MUNICIPAL CODE TO MOVE REGULATION AND PERMITTING OF MASSAGE PARLORS FROM THE POLICE TO THE HEALTH DEPARTMENT

Dr. Mitch Katz presented the following:

Board President, Tom Ammiano, introduced an ordinance calling for the transfer of authority for regulation of the massage industry from the Police Department to the Department of Public Health. This ordinance is tentatively scheduled for hearing before the Public Health and Environment Committee of the Board of Supervisors on August 12. Dr. Katz wants the Health Commission to review this ordinance prior to the Board of Supervisors' review.

Regulation of the massage industry is currently within the jurisdiction of the Police Department. Massage establishment owners, massage establishment workers, massage therapists and massage therapy businesses within San Francisco, are required to obtain permits from the Police Department. Applicants pay a fee for an initial permit followed by an annual fee thereafter. Requirements for a permit are different for business owners versus massage workers. The current requirements fore a massage permit are focused on restricting prostitution. Owners or workers found practicing without a current permit are subject to arrest.

In 1994 the San Francisco Board of Supervisors convened the Task Force on Prostitution, sponsored by then Supervisor Terence Hallinan, to address issues related to the sex work industry in San Francisco. One conclusion of the Task Force Final Report (March 1996) was that the regulation of massage establishments by the Police Department was a considerable conflict of interest. It recommended that the regulation of massage establishments be transferred to the Department of Public Health. The principal reason for this recommendation was that the practice of massage and the existence of massage establishments was a public health issue rather than a public safety issue.

There is a broad community consensus from the massage establishment owners, massage establishment workers, independent massage therapists and massage therapy business owners, that regulation should focus on the issues of health and environmental safety. The Police Department agrees.

The Department of Public Health has had internal discussions and feels that the scope of work involved with regulation of the massage industry is an appropriate public health activity. The Department believes that the shift in regulatory authority is consistent with the Department's Public Health Mission.

Mr. Tomas Lee, aide to Board of Supervisors' President Tom Ammiano, expressed support for the transfer of authority for regulation of the massage establishments from the Police Department to the Department of Public Health. Mr. Lee pointed out that it has been 20 years since this ordinance has been updated.

Dr. Katz reported that both the Environmental Health and STD Control Divisions would work together to implement this ordinance. When a health official finds the presence of illegal activities, a referral to the Police Department would be made.

Public Speakers:

Heather Hindmarsh, member of the American Massage Therapy Association, would support the resolution if two categories were established for licensing of massage therapists

Connie Buckle, Hotel Monaco Health Spa, emphasized the 200 hours for training and does not support the transfer to the Department of Public Health

Michelle Aldrich supported the resolution and a holistic approach to therapy

"Ojocion" Marcella Ingram, certified massage therapist, did not take a position on the resolution due to her being informed of this agenda item today

Commissioner Sanchez, as a former Police Commissioner, acknowledged Police Chief Lau, and the Police Commission's support for this transfer of authority to the Department of Public Health and the Health Commission. The licensing, training, and oversight of massage establishments all relate to public health.

Action Taken: The Commission adopted Resolution #24-99, "Transferring Authority of Regulation of the Massage Industry from the Police Department to the Department of Public Health by Repealing San Francisco Police Code, Article 27, and Adding Article 28, Sections 1800 to 1828, to the San Francisco Health Code, Authorizing the Director of Public Health to Regulate Massage Establishments and Massage Services, Setting New Criteria for the Issuance and Revocation of Massage Permits, Changing Certain Operating Requirements of Massage Establishments, Setting New Penalties for the Violation of Massage Provisions, and Continuing an Application Fee, an Identification Card Fee, and a Permit Fee," (Attachment B).

7) **CONSIDERATION OF A RESOLUTION OUTLINING RECOMMENDATIONS FROM THE WORKING COMMITTEE ON PHYSICIAN-PRESCRIBED METHADONE**

Dr. Herminia Palacio, Special Policy Advisor to the Director of Health, presented an update on the design of a program to permit office-based physician prescription of methadone for the treatment of heroin addiction. She presented the report of the Physician Prescription of Methadone Working Group and an analysis of the report. For a copy of the report, call the Commission Office, at 554-2666.

The recommendations covered the following areas:

1. Program Administration
2. Patient Eligibility, Assessment and Enrollment
3. Physician Participation: Eligibility, Training and Certification
4. Counselor Participation: Eligibility, Training and Certification
5. Patient Treatment Plans and Counseling Requirements
6. Regulatory Parity and Other Enhancements to Existing Narcotic Treatment Programs ("Methadone Clinics")
7. Pharmacy Participation

Public Speakers:

Michelle Aldrich, supported the resolution and the concept of integrating drug treatment into the physician's office

Norma Hotaling, SAGE Project, supported the resolution

Reda Sobky, MD, PhD, Fort Help Methadone Program, expressed the biggest obstacle to care is funding and existing obstacles to expand services

Commissioner Parker expressed his support for the bold steps taken by the Department. He also encouraged outreach for physician support through the S.F. Medical Society.

Commissioner Sanchez commended the Department for an exceptional protocol with experts from all levels. He supported the Department to proceed with this program and encouraged staff to publish the program in major publications.

Commissioner Chow proposed an amendment to the resolution in the final "Resolved" to delete "implementation" and insert "concept."

Dr. Palacio proposed the establishment of an Implementation Team to coordinate and oversee the next phase of project development:

- Complete legislative and regulatory analyses
  - See regulatory waivers and/or new legislation, as necessary
- Perform project cost projections
  - Perform actuarial analyses
  - Explore options for third-party reimbursements for specific services (e.g., physician time, counselor time, pharmacy charges)
  - Seek and secure additional necessary funding for service delivery costs
  - Seek and secure necessary funding for infrastructure costs (e.g., for central data base development and maintenance)
  - Seek and secure funding to support quality assurance and evaluation activities
- Develop training materials
- Secure funding for and perform focus groups
- Secure funding for and feasibility study
- Develop quality assurance and evaluation measures

Dr. Palacio estimates being able to field a pilot study of the program model in approximately one year, i.e., July 2000. The feasibility study will be conducted over the next twelve months, and will provide us with information and experience that will be critical for determining at what rate the new treatment model would be phased into full-scale operation.

She acknowledged and thanked all of the members of the Physician Prescription of Methadone Working Group.

Action Taken: The Commission adopted amended Resolution #25-99, "Supporting the Concept and Further Development of a San Francisco Program for Office-Based Physician Prescription of Methadone for the Treatment of Opiate Addiction," (Attachment C).

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 23-99

SUPPORTING THE FAMILY FOCUSED CARE COMMITTEE
OF THE CHILDREN'S SYSTEM OF CARE PLANNING COUNCIL,
"A MESSAGE FROM PARENTS AND FAMILIES TO SERVICE PROVIDERS"

WHEREAS, San Francisco's out-of-home placement rates for children and youth who are seriously emotionally disturbed far exceeds the statewide average; and,

WHEREAS, San Francisco's various public child serving agencies, including the Department of Public Health, Department of Human Services, Juvenile Probation and San Francisco Unified School District, often define the needs of clients and their families differently; and,

WHEREAS, providing mental health services in isolation from other partners, could result in rises in group home and State hospital placements, juvenile justice interactions, and increased health and educational costs; and,

WHEREAS, children and youth with serious emotional disturbances usually have problems in many areas, such as home, school and community, requiring their needs be met by human service agencies that operate in collaborative environments rather than in isolation; and,

WHEREAS, families or caregivers of these children and youth are often not included as full participants in the planning and decision making of their child's care; and,

WHEREAS, assuring quality outcomes requires the integration of various child-serving agencies and systems to collaboratively provide special education, child welfare, health, and juvenile justice services, as well as engaging the families or caregivers as full participants; and,

WHEREAS, the City and County of San Francisco, through the Department of Public Health, Community Mental Health, collaboratively with other human services agencies, applied for a Children's System of Care allocation from the State Mental Health Department to develop a comprehensive, coordinated system of care that is child-centered, family-focused, community-based, and culturally-competent, to address the high rates and costs associated with out-of-home placement decisions; and,

WHEREAS, in order to ensure the inclusion of families as full participants in the Children's System of Care efforts, the Family Involvement Team comprised of Peer Parents were hired to impact policy decisions as it pertains to providing qualitative, competent, family-focused delivery of services; and,

WHEREAS, service delivery programs competent in family-focused care principles more effectively engage, retain and support family members as they move toward their goals for health and stability; and,

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 23-99 (Cont'd.)

WHEREAS, service delivery programs competent in family-focused care principles must also be culturally competent; and,

WHEREAS, the Family Focused Care Committee developed the "Message from Parents and Families to Service Providers" as a work in progress, to provide the human service agencies serving children, youth, and families a set of family-focused care principles to ensure and promote family involvement in their service delivery systems; now, therefore, be it

RESOLVED that the San Francisco Health Commission supports the principles outlined in the "Message from Parents and Families to Service Providers"; and, therefore, be it

FURTHER RESOLVED that the Department of Public Health further integrate these principles into its Cultural Competency Policies and Guidelines, and utilize these principles when developing and evaluating criteria for programs serving parents, caregivers, children, youth and their families, within the confines of State and Federal privacy laws.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, July 6, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 24-99

TRANSFERRING AUTHORITY OF REGULATION OF THE MASSAGE INDUSTRY FROM THE POLICE DEPARTMENT TO THE DEPARTMENT OF PUBLIC HEALTH, BY REPEALING SAN FRANCISCO POLICE CODE, ARTICLE 27, AND ADDING ARTICLE 28, SECTIONS 1800 TO 1828, TO THE SAN FRANCISCO HEALTH CODE, AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH TO REGULATE MASSAGE ESTABLISHMENTS AND MASSAGE SERVICES, SETTING NEW CRITERIA FOR THE ISSUANCE AND REVOCATION OF MASSAGE PERMITS, CHANGING CERTAIN OPERATING REQUIREMENTS OF MASSAGE ESTABLISHMENTS, SETTING NEW PENALTIES FOR THE VIOLATION OF MASSAGE PROVISIONS, AND CONTINUING AN APPLICATION FEE, AN IDENTIFICATION CARD FEE AND A PERMIT FEE

WHEREAS, massage therapists and massage parlor workers encompass various populations, ages, ethnic backgrounds, gender, marital status, sexual orientation and socioeconomic status; and,

WHEREAS, currently in San Francisco, there is a high percentage of young women, single mothers, women of color, immigrants and refugees working in the massage industry; and,

WHEREAS, these women are at risk for occupational-related injury and disease, and their clients are at risk for diseases transmitted by close personal contact; and,

WHEREAS, current authority to regulate massage businesses and massage workers rests with the Police Department, whose regulations require massage businesses and workers to obtain initial permits and then requires annual renewal fees; and,

WHEREAS, the regulations require applicants to provide evidence of no felony convictions including history of prostitution, training in massage therapy, and applicants must be fingerprinted; and,

WHEREAS, there are several components of the current ordinance pertaining to environmental safety and personal conduct in an effort to reduce the likelihood of prostitution, but there is little in the regulations providing for the health and hygiene of the massage business, worker or client; and,

WHEREAS, the Final Report of the San Francisco Task Force on Prostitution concluded that the regulation of massage establishments by the Police Department was a considerable conflict of interest; and,

WHEREAS, the proposed ordinance would transfer the authority of regulating the massage industry from the Police Department to the Department of Public Health; and,

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 24-99 (Cont'd.)

WHEREAS, the Department of Public Health could assure that health and hygiene issues are addressed among the massage businesses, workers and clients through regulation; and,

WHEREAS, many believe that the massage industry is a public health issue not a public safety issue; and,

WHEREAS, the funds generated from the licensing of massage businesses and workers could be used to enhance current education and outreach programs to support health promotion among massage business and workers, sustain an employer education program and develop opportunities for increased access to health care for underserved workers; and,

WHEREAS, this ordinance enjoys support from representatives of massage parlor owners, massage parlor workers, independent massage therapists and the sections of Environmental Health and Occupational Safety and Sexually Transmitted Disease Services of the Department of Public Health and the Police Department; now, therefore, be it

RESOLVED that the Health Commission supports the transfer of authority of regulating the massage industry from the Police Department to the Department of Public Health.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, July 6, 1999.

Sandy Ouye Mori
Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 25-99

SUPPORTING THE CONCEPT AND FURTHER DEVELOPMENT OF A SAN FRANCISCO PROGRAM FOR OFFICE-BASED PHYSICIAN PRESCRIPTION OF METHADONE AND OTHER EFFECTIVE PHARMACOLOGIC AGENTS FOR THE TREATMENT OF OPIATE ADDICTION

WHEREAS, opiate addiction has a high prevalence in the City and County of San Francisco, with an estimated 13,000 to 15,000 persons who are actively using heroin; and,

WHEREAS, opiate addiction is a medical condition often complicated by multiple concurrent illnesses; and,

WHEREAS, the rate of heroin-related hospital admissions and heroin-related deaths are three times higher in San Francisco than the corresponding California State's averages; and,

WHEREAS, compared with untreated persons with opiate addiction, those persons treated with methadone achieve a variety of improved health outcomes, such as better survival and better pregnancy outcomes; and,

WHEREAS, compared with untreated persons with opiate addiction, those persons treated with methadone achieve improvements in their employment status and reductions in criminal activity; and,

WHEREAS, additional pharmacologic agents that are effective for the treatment of opiate addiction are being discovered and developed; and,

WHEREAS, current laws and regulations impose substantial restrictions on methadone administration; and,

WHEREAS, the National Institute of Health Consensus Statement on Effective Medical Treatment of Opiate Addiction recommends that current laws and regulations be revised to eliminate the extra regulation on methadone compared with other medications in its class, and strongly urges that policy makers recognize that providing methadone maintenance therapy is cost-effective, compassionate and provides an important health benefit; and,

WHEREAS, the National Institute of Health Consensus Statement also indicates that one barrier to access to methadone treatment is the shortage of physicians prepared to provide treatment for opiate dependence; and,

WHEREAS, the San Francisco Board of Supervisors passed Resolution #56-98 directing the San Francisco Department of Health to apply for a waiver of existing regulations to allow physicians full discretion to treat addiction through prescription methadone; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 25-99 (Cont'd.)

WHEREAS, the Department of Public Health convened the Physician Prescription of Methadone Working Group which developed program recommendations for the Health Commission and Board of Supervisors to consider; now, therefore be it

RESOLVED, that the City and County of San Francisco Health Commission supports the concept and further development of a San Francisco program for office-based physician prescription of methadone and other effective pharmacologic agents for the treatment of opiate addiction.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, July 6, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

99

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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Website: http//www.dph.sf.ca.us

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AGENDA

HEALTH COMMISSION MEETING

July 20, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING JULY 6, 1999

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $71,188, for the provision of venue-based group outreach and evaluation, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Instituto for services totaling $3,357,218 during FY 98-99).

(3.2) **PHP-CHPP** – Request for approval of retroactive contract renewal with CAHEED, Inc., in the amount of $130,000, for the provision of Black Infant Health Improvement Program outreach and prenatal education support services for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CAHEED for services totaling $174,000 during FY 1998-99).

(3.3) **PHP-CHPP** – Request for approval of retroactive contract renewal with Mobilization Against AIDS International (MAAI), in the amount of $193,545, for the provision of HIV prevention services, including HIV risk reduction education and counseling services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with MAAI for services totaling $135,363 during FY 1998-99).

(3.4) **PHP-CHPP** – Request for approval of retroactive contract renewal contract with Native American AIDS Project/Urban Indian Health Board Inc. (UIHB), in the amount of $137,491, for the

provision of HIV prevention services, including HIV/STD prevention education multiple session groups, venue-based group outreach and evaluation targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with UIHB for services totaling $190,737 during FY 1998-99).

4) DIRECTOR'S REPORT (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JULY 1999

6) REPORT ON THE IMPACT OF ALCOHOL, TOBACCO AND OTHER DRUGS ON THE HEALTH OF SAN FRANCISCANS

7) PRESENTATION ON THE STATE FISCAL YEAR 1999-00 BUDGET

8) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

99

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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Sandy Ouye Mori
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, July 20, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini, at 3:02 p.m.

Present: Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 6, 1999.

Action Taken: The Commission unanimously adopted the minutes of July 6, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $71,188, for the provision of venue-based group outreach and evaluation, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Instituto for services totaling $3,357,218 during FY 1998-99).

(3.2) **PHP-CHPP** – Request for approval of retroactive contract renewal with CAHEED, Inc., in the amount of $130,000, for the provision of Black Infant Health Improvement Program outreach and prenatal education support services for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CAHEED for services totaling $174,000 during FY 1998-99).

(3.3) **PHP-CHPP** – Request for approval of retroactive contract renewal with Mobilization Against AIDS International (MAAI), in the amount of $193,545, for the provision of HIV prevention services, including HIV risk reduction education and counseling services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with MAAI for services totaling $135,363 during FY 1998-99).

(3.4) **PHP-CHPP** – Request for approval of retroactive contract renewal contract with Native American AIDS Project/Urban Indian Health Board Inc. (UIHB), in the amount of $137,491, for the provision of HIV prevention services, including HIV/STD prevention education multiple session groups, venue-based group outreach and evaluation targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with UIHB for services totaling $190,737 during FY 1998-99).

Commissioner Hill expressed his confidence in the contractor's response to the monitoring report. The Department will bring the monitoring report to the Budget Committee after August 27, 1999.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Board of Supervisors Approval of FY99-00 Budget

The Board of Supervisors considered the FY 1999-00 budget at its meeting yesterday. The Mayor and the Controller certified $10 million of additional funding for FY 1999-00, mainly from additional State funding, for Department of Human Services programs, expenditure savings from reductions to DHS caseload projections, and the collection of $2.5 million from a settlement with Bank of American related to claims filed by the City.

These additional funds were appropriated by the Board of Supervisors to increase salaries and benefits to IHSS workers, to fund add-backs to the Police Department, City Attorney, and Muni, as well as directed to new program initiatives. Increases to the Health Department's budget which amount to $520,000 are as follows:

- ✓ $205,100 increase to SFGH for additional staffing and equipment for the Pharmacy
- ✓ $190,000 increase to AIDS Services to continue the Native American Project
- ✓ $75,000 increase to AIDS Services for Project Open Hand
- ✓ $50,000 increase to Prevention to continue the Gambling Initiative

In addition, the Board of Supervisors added $1.2 million citywide to fund an additional 1% cost of living adjustment in January for General Fund-supported community based organizations' personnel costs. The amount of additional funding for Health Department contractors is not yet known.

The FY 1999-00 budget, including these adjustments, is scheduled for final approval by the Board of Supervisors next Monday, July 26th.

Long-Term Care Integration Pilot Project

The first six months of the detailed phase of planning for a long-term care integration pilot project were completed between January and June 1999. The Long-Term Care Pilot Project Task Force held a day-long retreat on June 4, 1999, facilitated by the Department, to receive and discuss the recommendations presented by its five Design Teams about topics related to: (1) resource allocation and financing; (2) implementation; (3) consumer and caregiver issues; (4) supportive housing; and (5) governance structure. The Task Force has now voted on the specific recommendations of the Design Teams.

On June 18, 1999 the Task Force voted to approve a recommendation from the Governance Structure Design Team that a separate long-term care public authority be created to carry out the directives of AB 1040, with the power to decide on reimbursement mechanisms for long-term care services, including institutional and home and community-based services. In response to this position, the Department will be investigating: (1) steps for the formation of a new long-term care public authority; (2) administrative, service, and financial functions that will need to be performed; (3) a staffing pattern; (4) costs; and (5) potential funding sources.

Beginning in September 1999, a financial feasibility analysis to determine the viability of the pilot project will be undertaken. This will investigate start-up and operating costs for the pilot project for the first phase of the pilot project, under fee-for-service managed care and start-up costs for the second phase, under capitated managed care. It will also investigate sources of funds to cover identified costs. This analysis will be completed by the end of December 1999.

Beginning in October 1999, a study of existing case management programs and services will be undertaken. This will determine the feasibility of creating a centralized case management pool (at the long-term care services agency level) to support emerging provider networks. It will also determine how to integrate assessment, case management, and service authorization functions (at the provider network level). This study will be completed by the end of December 1999.

In early 2000, following the conclusion of the detailed phase of planning, a comprehensive report on the long-term care pilot project will be presented to the Commission. This will include a comprehensive set of recommendations from the Task Force, the financial feasibility analysis, the case management study, and the investigation of costs to form a new long-term care public authority.

In February 1999, the State Department of Health Services, Office of Long-Term Care (OLTC) submitted a concept paper to HCFA as a basis for discussions related to waiver issues, and the planning and design of California's Long-Term Care Integration Pilot Program. Numerous conversations have taken place between HCFA Region 9, HCFA Baltimore, and OLTC, regarding waivers for San Francisco's pilot project. The Department will be coordinating with OLTC to provide more detailed information concerning the needed waivers for San Francisco's pilot project as OLTC resolves the State's waiver strategy for the Long-Term Care Integration Pilot Program with HCFA.

1999 Managerial Excellence Awards

The Department's nominees for the 1999 Mayor's Fiscal Advisory Committee Managerial Excellence Awards are:

Barbara Garcia	Director of Population Health and Prevention
Eric Miller	Hospital Associate Administrator
Galen Leung	Director of Office of Contract Management

Winners will be announced in late September, with the awards luncheon scheduled in October.

POPULATION HEALTH AND PREVENTION

New PH&P Work groups

A Criminal Justice Integration work group has been established to ensure better coordination and integration of related activities within PH&P. The Sheriff's Office, Drug Court, Diversion, Mayor's Criminal Justice Council and Probation Offices are all participants in this work group.

A Heroin Subcommittee has been established for the Treatment on Demand Council to provide policy and program recommendations to DPH in the areas of overdose prevention, soft tissue infection and Hepatitis C.

Preparing for Biological Terrorism

On July 8, 1999 DPH staff along with representatives of other City agencies participated in a "tabletop" exercise to prepare for a possible biological terrorist attack. The exercise was sponsored by the Office of Emergency Services and included DPH staff from SFGH, EMS, PH Lab, Disease Control, Mental Health and Central Administration.

Special Projects – Action Point

There will be an Open House for the new Action Point Adherence Project on July 29th from 5-7 p.m. Action Point is located on 125 - 6th Street, between Mission and Howard. The project works with HIV infected persons to help them adhere to the complicated medical treatments that are necessary to fight HIV.

COMMUNITY HEALTH NETWORK

LHH Survey Results Received

Laguna Honda has received the results of the annual Licensing and Certification Skilled Nursing Facilities and Acute Surveys from the State. There were no findings of substandard care. The SNF survey cited Laguna Honda once again for the census in the open wards exceeding the Federal limit of four beds per room, and cited a number of private and semi-private rooms which do not meet Federal room size requirements. The Hospital's Leadership Group is preparing a Plan of Correction addressing the deficiencies noted in the survey, which will be submitted to the State before the end of the month.

Representatives from the CHN and LHH will also meet with Region IX HCFA representatives to discuss census issues and the Laguna Honda Replacement Bond on the November 2nd ballot. The Commission will be kept apprised of this important issue.

Bill Moyers at LHH

The final scenes are being filmed at LHH's hospice today. A special production on the end of life care will air during the fall season.

CHN Personnel Announcements

The new Chief of Anesthesia at SFGH is Dr. Sue Carlisle, appointed to this position July 1st. Dr. Carlisle comes to SFGH from the main UCSF Campus. She was an Assistant Professor of Anesthesia and Medicine at UCSF from 1990-1992; Associate Professor from 1992-1996; and Professor of Anesthesia and Medicine, UCSF 1996-1999.

Dr. Mozettia Henley has been appointed to the position of Program Director for the Mental Health Rehabilitation Facility. Dr. Henley assumed the responsibilities of the Acting Program Director in October 1998, and has been a part of the MHRF Executive Team as Director of Nursing since the start of the program in September 1996. Her strong clinical and management experience and her commitment to and passion for the rehabilitative mission of the MHRF make her the ideal leader for the continued development of the program.

And last but not least, Laguna Honda has a new Chief Financial Officer, Nancy Arata. Ms. Arata comes to us from the Santa Clara Valley Medical Center where she served as Controller.

California Healthcare Association
Anthony Wagner was elected to a second four-year term to the American Hospital Association's House of Delegates Regional Policy Board for Region 9. Region 9 includes California, Oregon, Washington, Nevada, Hawaii and Alaska.

SFGH Appointments	7/99	YTD
New Appointments	03	95
Reappointments	28	236
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	Pending	102
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	5	27
Voluntary Relinquishment	0	.5

Current Statistics – as of 7/9/99

Active Staff	349
Affiliate Professionals	133
Courtesy Staff	537
Referring Staff	60
Total Members	1179
Applications in Process	106

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JULY 1999

On behalf of the Commission, President Monfredini presented the sole recipient of the Employee Recognition Award.

Individual Nominee	Division	Nominated by
Sharon Goudeau, MSW, Psychiatric Social Worker	CHN/SFGH Dept. of Psychiatry, Unit 6B	Mily Trabing, LCSW, Director Psychiatric Social Work

6) **REPORT ON THE IMPACT OF ALCOHOL, TOBACCO AND OTHER DRUGS ON THE HEALTH OF SAN FRANCISCANS**

Randy Reiter, presented a report (Attachment A), on the prevalence and impact of alcohol, drug and tobacco use in San Francisco. This is one in a series of reports presented to the Commission by the Population Health and Prevention Division on health related issues and their impact on the residents of our City.

Commissioners' Comments:

- Data for dual diagnosis (i.e., mental health and substance abuse) should be included
- Comparisons with other counties should be included in future reports
- How low economic status relates to high drug rates?
- Encouragement to the Department to disseminate information with collaborators (i.e., school district)
- Request for clarification on the decrease in alcohol-related hospitalizations
- Inquiry on whether gay men were included in the amphetamine graph

President Monfredini thanked the Department for an informative but depressing report.

7) **PRESENTATION ON THE STATE FISCAL YEAR 1999-00 BUDGET**

Tangerine Brigham, Director of Policy and Planning, presented the State 1999-00 Budget, (Attachment B).

8) **PUBLIC COMMENTS**

Richard Cornwall, Health Watch, expressed his opinion that the Commission has undemocratic procedures, citing his examples.

The meeting was adjourned at 4:10 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

7/20/99 Data Summary to the Health Commission on Alcohol, Tobacco and Other Drugs

Every year, alcohol, tobacco and other drugs (ATOD) result in a tremendous human toll in death, illness, injury and disability, social disruption and psychological suffering. Researchers estimate that alcohol, tobacco and other drugs are responsible for about one fourth of all deaths in the US, which is close to estimates for San Francisco. Of the leading causes of premature mortality in San Francisco from 1990 through 1995, ATOD were contributing factors to the top 14 causes, and to 17 of the top 20. These substances affect the quality of life of individuals, families, neighborhoods, communities, and the City as a whole.

Resources from many agencies of the City and County, including DPH, are used to control the use of these substances or to treat the effects of their use. Among the 60 most common diagnoses for inpatient hospitalizations by the CHN in 1997-98, 10 are directly ATOD-based diagnoses. These diagnoses include only those which are always due to ATOD, and not those diseases or injuries which are sometimes caused by these substances (i.e. heart disease, cancers, or injuries from accidents or assaults). Yet, they accounted for 30% of all patients, and a quarter of all discharges and hospital days, at SFGH in 1997-98.

Key Points

- Decreases in the consumption of tobacco, alcohol and illegal abuse drugs could significantly reduce the burden of death, disease and injury in San Francisco.

- Use of and abuse of tobacco, alcohol and illegal abuse drugs varies by demographic, sex, ethnic and age group. A higher percentage of men than women use all of these substances.

- Some specific groups may be particularly effected by ATOD:
  Youth. One survey found that San Francisco youth perceived drugs and alcohol to be the number one health problem facing youth.
  Low income people. Research shows that smoking and heavy alcohol use decrease in the US population as education increases for whites, blacks, Latinos, and among males and females.
  Lesbians, gays, bisexuals and transsexuals (LGBTs). A recent DPH survey found that 18% of lesbian/bisexual females and 31% of gay/bisexual males to be in the highest risk group for substance abuse, and another 13% and 11%, respectively, in the next highest risk group for substance abuse.
  Homeless people. Over half of the homeless deaths from the most recent homeless death review involved alcohol and/or drugs.

While San Francisco's outcome levels do reflect high levels of alcohol and drug use, they may also partly be a result of San Francisco's unusual demographics. Children, a group with low rates of alcohol and drug outcomes, are an unusually small percent of the SF population, while non-elderly adults, the group with the highest rates of alcohol and drug outcomes, are an unusually large percent of the population.

Data Sources

Data in this report are drawn from the following sources: SF DPH, CSAS, *SF Substance Abuse Indicator and Background Data Report* (DRAFT), April 1999; JA Newmeyer, "Patterns and Trends of Drug Abuse in the San Francisco Bay Area," CEWG, Dec. 1998; SF DPH, Community Health Epidemiology, *SF Burden of Disease and Injury: Mortality Analysis 1990-1995*. Dec. 1999; SF DPH, AIDS/HIV Surveillance, various reports; SF DPH, Tobacco Free Project, personal communications; SF Medical Examiner's Office, *Annual Report 1997-98*; National Center for Health Statistics. *Health, United States, 1998 with Socioeconomic Status and Health Chartbook*.. Hyattsville, Md: 1998; JM McGinnis & WH Foege, "Actual Causes of Death in the United States." JAMA, V 270, No. 18, Nov. 10, 1993: 2207-2212; Ca. Dept. of Health Services, *County Health Status Profiles 1998*, 1999; Ca. Dept. Alcohol & Drug Programs, Research Section, OSHPD hospital discharge data (1999, personal communication).

Impact

- Nationwide, tobacco is responsible for an estimated 20% of deaths from ischemic heart disease and 30% of deaths from cancer. These are the leading causes of death in the U.S.
- From 1990-1995, about 14% of all deaths and 10% of all expected years of life lost prematurely in San Francisco were due to tobacco. Major sources of tobacco-related mortality in San Francisco are shown in **Table 1.** The estimated proportion of deaths due to alcohol, drugs or tobacco, is shown in the right column.

Table 1. Leading Causes of Death from Alcohol, Tobacco and Other Drugs, S.F. 1990-1995

Premature Mortality Rank	Risk Factor, Cause of Death	Sex	Deaths	Expected Years of Life Lost	Age-adjusted death rate* All	White	African-Amer.	Latino	Asian/ Pac. I.	Percent attributable to factor
	Tobacco									
2	Ischemic heart disease	Male	5548	87724	148.6	174.2	232.6	93.3	97.4	20%
		Female	5462	53461	66.7	73.2	121.5	39.5	43.4	
3	Lung cancer	Male	1439	28046	44.9	50.1	82.2	15.8	34.8	82%
		Female	1016	17305	22.6	30.5	36.1	6.9	13.1	
10	COPD***	Male	769	11072	20	22.7	25.2	5.8	18.0	80%
		Female	622	7823	10.1	14.6	12.3	2.5	4.7	
	Alcohol									
9	Cirrhosis	Male	551	18018	20.2	25.3	27.1	26.1	5.8	90%
		Female	220	5854	6.9	9.1	11.8	7.0	2.5	
14	Alcohol use	Male	321	11069		15.1	19.6	14.0	1.7	100%
	(psychiatric dx)	Female	63	2038	N/A	3.9	2.8	1.3	0.2	
7	Homicide	Male	456	29913	21.2	8.8	88.6	24.7	10.3	38% alcohol,
		Female	101	4658	4.1	2.4	17.7	3.1	1.8	44% drugs
	Illicit drug use									
1	AIDS/HIV	Male	6650	292636	234.5	341.3	245.6	167.1	32	20%
		Female	182	8119	6.9	5.2	33.2	6.1	1.3	
5	Drug poisoning	Male	588	26636	20.7	26.2	48.3	18.0	3.3	80% drugs,
		Female	147	6387	N/A	7.5	18.6	2.8	0.4	40% alcohol
N/A	Drug use	Male	26	1063	N/A	1.2	2.6	0.9	0.0	N/A
	(psychiatric dx)	Female	12	543	N/A	0.6	1.1	0.0	0.2	
	Tobacco and alcohol									
N/A	Esophageal	Male	153	3067	N/A	5.1	9.3	1.7	4	50% alcohol,
	cancer	Female	61	1122	N/A	1.7	4.4	0.8	0.4	74% tobacco
N/A	Oral cancer	Male	152	3521	N/A	4.8	7.8	3.1	6	50% alcohol,
		Female	52	898	N/A	1.2	1.4	0.3	1.3	75% tobacco

* age-adjusted to 1940 standard US population

Mortality data and most attributable percents are from SF DPH, *Mortality Analysis 1990-1995*, 1998. AIDS percent is based on cases diagnosed 1990-1995 with IDU. (For 1998, percent of AIDS cases with IDU is 26%.) AIDS percents from SF DPH, *AIDS Surveillance Report*, March 1999. Homicide percents are from the SF Medical Examiner, *Annual Report 1997-1998*. Percents may sum to more than 100% for causes involving more than one risk factor.

COPD = chronic obstructive pulmonary disease

Prevalence

- Tobacco use in the US declined from 1974-1995, but more so among more educated people. Smoking rates among more educated people are now much lower than among those less educated. Latino females, with low smoking and drinking rates, have the smallest gradient for smoking by education level.
- From 1990 to 1998, the percent of San Franciscans smoking in the past 30 days declined overall, among both sexes, and for African Americans, Latinos and Asians, but increased slightly among whites. African Americans went from the highest rate (33%) to tied for highest, with whites, at 23% (Table 2).

Table 2. Percent of San Franciscans Having Smoked in Past 30 Days, by Group

Group	1990 %	1998 %	% Change
Overall	21.9	17.7	-4.2
Males	25.4	21.3	-4.1
Females	18.1	14.0	-4.1
Whites	21.9	23.0	1.1
African Americans	32.7	23.0	-9.7
Latino	19.0	13.0	-6.0
Asian/PI	18.0	12.0	-6.0

Smoking here is defined as having smoked within the past 30 days.
1990 data from Ca. Tobacco Survey, UCSD. 1998 data from SF Tobacco Free Project Public Opinion Survey.

- Among youth, from 1992 to 1997 smoking stayed at 12% among middle-schoolers but rose slightly, from 16% to 18%, among high school students.
- In 1997, white high school students had the highest smoking proportion, 33%, followed by Filipinos and Latinos with 25% and 24%. Blacks and Chinese had the lowest percentages, 11% and 12%. Filipinos had the highest percentage in middle school, 20%, followed by Latinos (16%) and whites(15%). Chinese and blacks also had the lowest middle school percentages, 7% and 9%. High school percents are higher than middle schools for all groups, but the increase is by far the largest among whites, doubling from 15% to 33%.

Availability and Advertising

- Tobacco ads have been estimated to have twice as great an impact as peers on adolescent smoking.
- Random surveys in 1997 and 1998 found that 13% and 15% of establishments illegally sold tobacco to minors, but there was no enforcement of the state ban on such sales until receipt of tobacco suit settlement (Mangini) funds in 1998. In January 1999 the Police Department used youth decoys to visit 200 establishments; 35 (18%) sold them tobacco, and were cited. Another random survey was recently conducted; results are not yet available, but those selling tobacco to minors will be referred to the SFPD.
- A 1997 random survey of tobacco-selling establishments found an average of 27 tobacco ads and promotions per store. In December 1997, a local ordinance banned outdoor tobacco ads as of July 1998. An August 1998 survey found that 54% of stores were violating the ordinance. Dept. of Agriculture began enforcement of the ordinance in February 1999, using Mangini settlement funds, and stores in violation in the compliance survey were then reported to them.

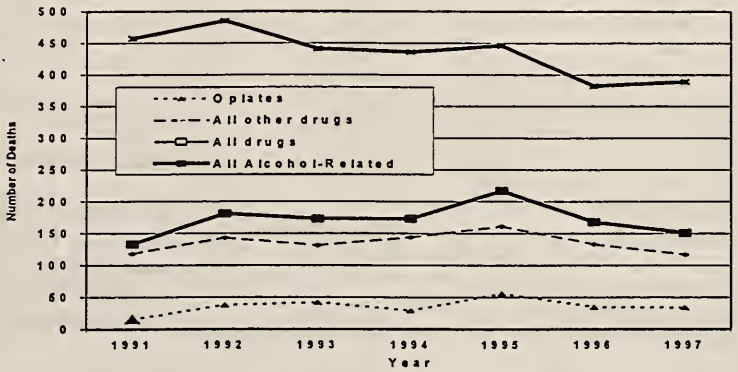
Policies and Enforcement

- The state smoke-free bar law took effect on January 1, 1998. Public support went from 74% in 1996 to 82% in March 1998. A survey at the end of 1998 found 96.5% compliance by restaurant bars but only 50.6% of stand-alone bars.
- Over the past year: policies were adopted to divest San Francisco Employees Retirement System of tobacco stocks; smoking was prohibited in playground areas of city parks by Park & Rec. Commission; and the Board of Supervisors adopted a resolution urging Congress to require tobacco companies to apply national marketing, advertising and selling standards internationally.
- The Tobacco-Free Project continues survey and educational efforts and has added efforts to enhance recently funded enforcement actions.

Alcohol - Impact

- Nationwide, alcohol use is believed to be responsible for 90% of liver disease/cirrhosis deaths, 50% of oral and esophageal cancers (and 3% of all cancers), 46% of homicides, 45% of burn deaths, 42% of motor vehicle traffic deaths, 38% of drownings, 35% of poisonings and falls, and 28% of suicides.
- In San Francisco from 1990 through 1995, we estimated alcohol to have been responsible for 6% of all deaths and 9% of all expected years of life lost. Of San Francisco's leading causes of premature mortality, 6 of the top 10 and 13 of the top 20 specific causes were associated with alcohol use. Chronic liver disease/cirrhosis was the 9th leading cause of premature mortality overall. Premature mortality from major alcohol-related causes for San Francisco during 1990-1995 is shown in **Table 1**, above.
- Alcohol-related deaths from 1991-1997 are shown in **Figure 1**. These have declined from over 450 in the early 1990s to under 400 in the last two years. Counts for 1996 and 1997 are still provisional

Figure 1. Alcohol- and Drug-Related Deaths, SF, 1991-1997



- Alcohol consumption is a major factor in homicides, suicides, and unintentional injury deaths. Medical Examiner 1997-98 data in **Table 3** show, for the most common categories of injury deaths, the proportion of persons who died that tested positive for alcohol and/or drugs. Overall, of those tested, 38% of homicide victims and 28% of suicides tested positive for alcohol; along with 25% of traffic-related deaths and 36% of non-vehicular unintentional fatal injuries. These data do not show the extent to which persons causing intentional or unintentional fatal injuries were influenced by alcohol or drugs.

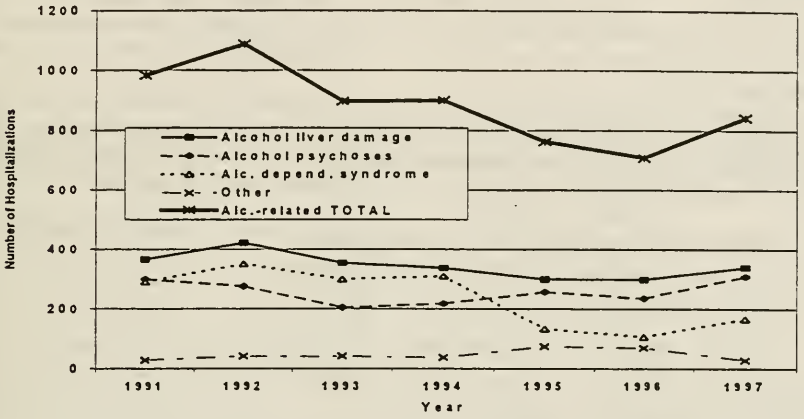
Table 3. Alcohol and Abuse Drug Involvement in SF Medical Examiner Injury Cases by Intent, Manner and Cause, 1997-98.

Manner / Cause	Number of Deaths 1997-98	Number of Deaths 3 yr ave./yr.	Alcohol # Tested	Alcohol % pos.	Abuse drugs # Tested	Abuse drugs % pos.
INTENTIONAL						
Homicide	75	78.7	72	38%	73	43.8%
Firearm	46	50.7	46	41%	46	45.7%
Stabbing	18	13.3	17	24%	17	41.2%
Suicide	111	136.6	99	28%	83	18.1%
Hanging	32	33.0	31	32%	26	26.9%
Drug/OD poison	27	35.7	22	14%	22	13.6%
Firearms	21	27.0	19	21%	11	9.1%
UNINTENTIONAL						
Vehicular	76	63.3	67	25%	49	12.2%
Pedestrian	43	31.0	37	27%	20	15.0%
Motorcycle	9	10.9	8	38%	8	25.0%
Non-vehicular	349	317.0	273	36%	253	62.1%
Drug caused*	199	191.7	185	43%	188	79.8%
Falls	71	57.7	38	26%	25	17.0%

"Drug caused" can refer to legal or illegal drugs Abuse drugs refer to heroin, cocaine, amphetamines or PCP.

- Hospitalizations for alcohol-related primary diagnoses declined between 1992 and 1996, but rose slightly again in 1997. The most common cause of alcohol-related hospitalizations throughout the period was alcohol liver damage. Note that diagnosis data for 1996 and 1997 are still provisional.

Figure 2. Alcohol-related hospitalizations, SF hospitals, 1991-1997



Source: Ca. Dept. Alcohol & Drug Programs, Ca. OSHPD hospital discharge data, (1999, unpublished data)

Alcohol - Prevalence

- In 1994-96, 19% of U.S. persons age 25-49 were heavy alcohol users (defined as taking 5 or more drinks at a time during the past month). 7% were very heavy users (had 5 or more drinks at least 5 times during the month). Men are much heavier users than women. Moderate drinking increases among people with more education, while heavy drinking decreases. This gradient, which is stronger for men than women, holds for black men and women, white women and Hispanic men. White men with high school degrees reported 20% more heavy alcohol use (33.3%) than those with some college (27.5%). Only among Hispanic women, who had the lowest heavy drinking rates overall, did heavy drinking in the past month not differ significantly by education. Among the least educated males, Hispanics had slightly higher rates (34%) than whites and blacks (31%); among males with some college, blacks had by far the lowest heavy drinking rates (17%).

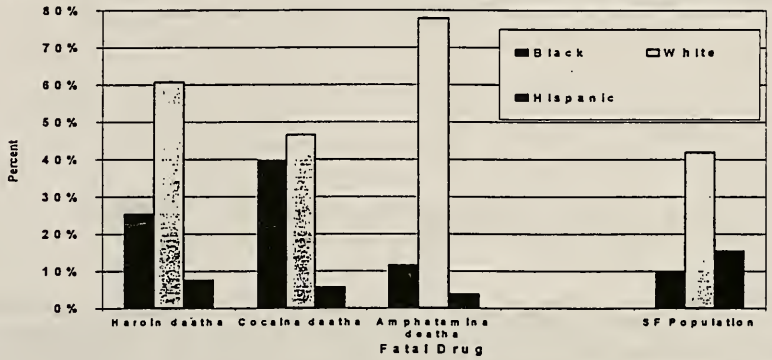
Alcohol - Availability

- San Francisco had 3,620 active retail liquor licenses in 1997, or 500 per 100,000 population, the largest concentration of retail liquor outlets per capita in California. Many of these outlets are concentrated in low-income areas, where the burden of alcohol-related illnesses and injuries is particularly great.

Drugs - Impact

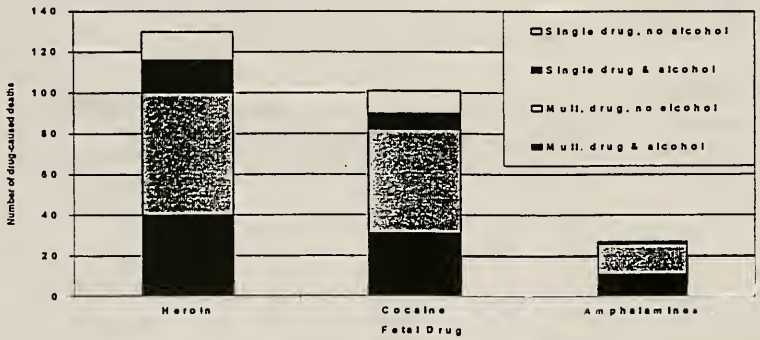
- Drug poisoning was the fifth leading cause of premature mortality in SF in 1990-1995. Drugs were contributing factors to 6 of the 10 leading causes overall, and 9 of the top 20. (**Table 1**)
- **Figure 1** shows trend in drug-related deaths during the 1990s. There were peaks in 1995, especially for opiate-related deaths. 1996 and 1997 death counts, which indicate a decline since 1995, are provisional.
- Abuse drugs are a major contributor to murder, suicide and unintentional injury deaths. Medical Examiner data for 1997-98 in Table 3 show, for the most common categories of injury deaths, the large proportion in which the person who died tested positive for abuse drugs. These data do not show the extent to which persons committing homicides or contributing to unintentional fatal accidents were influenced by alcohol or drugs. The abuse drugs reported by the medical examiner are heroin, cocaine, amphetamines, and PCP.
- The racial distribution of drug-caused deaths from heroin, cocaine and amphetamines are shown in **Figure 3**. Whites make up the largest share for all 3 causes, but African Americans are almost as large a share of cocaine deaths, despite having only 1/4 the population of whites. Data are from the medical examiner's Annual Report, which doesn't report Asian drug-related deaths because there are so few.

Figure 3. Percent of drug-caused deaths by major drug for blacks, whites and Hispanics.



- Many drug-caused and drug-related deaths involve multiple drugs and/or alcohol. The proportions, for heroin, cocaine and amphetamine drug-caused deaths in 1997-98, are shown in **Figure 4**. Only the light section at the top of the bars are deaths not also involving the presence of other drugs and/or alcohol.

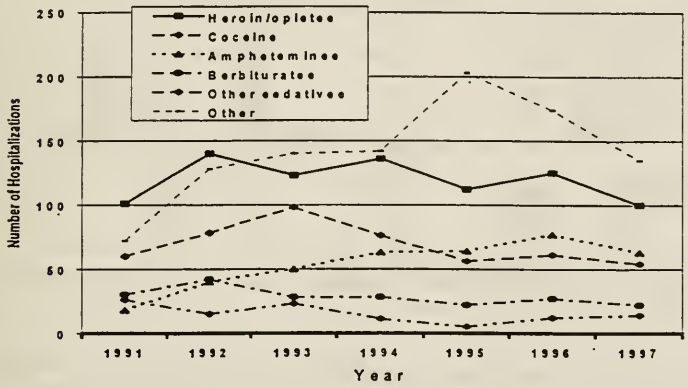
Figure 4. Number of drug-caused deaths by major drug and presence of other drugs and alcohol



Source: SF Medical Examiner Annual Report 1997-98. (1997-98 total of 7,051 deaths in San Francisco)

- Trend data for hospitalizations in San Francisco by drug type are relatively flat, with very slight downward movement over the period from 1991 to 1997 for some categories of drugs (**Figure 5**). The exception is amphetamines, which rose over this period to become the category responsible for the second greatest number of hospitalizations, behind only heroin/opiates (which remained the most common single category throughout). The "Other" category includes prescription and OTC as well as illegal drugs.

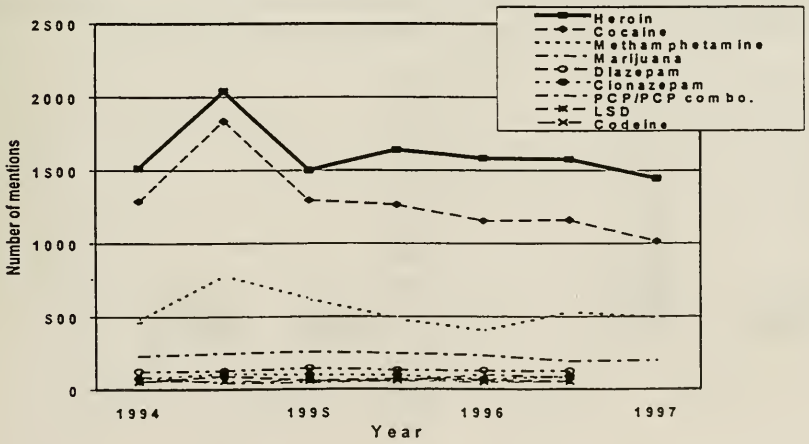
Figure 5. Drug-related hospitalizations by main cause, SF hospitals, 1991-1997



Source: Ca. Dept. Alcohol & Drug Programs, Ca. OSHPD hospital discharge data (unpublished data)

- Drug emergency department (ED) mentions peaked in mid 1994 and have remained relatively flat since then, with perhaps slight declines that are most evident for cocaine (**Figure 6**). Heroin remains the largest source of ED drug mentions, followed by cocaine and then methamphetamines. These are DAWN data for the Bay Area (San Francisco, San Mateo, and Marin counties).

Figure 6. San Francisco Bay Area Emergency Dept. Drug Mentions, 1994-1997



Source: SAMHSA Drug Abuse Warning Network data, in J A Newmeyer, "Patterns and Trends of Drug Abuse in the San Francisco Bay Area," Dec. 1998 1997 data are preliminary.

Drugs - Prevalence

- San Francisco is consistently among the highest ranking cities in national reports of drug use, especially for heroin and methamphetamines. In **Table 4** below, showing San Francisco's rates and ranking compared to other US cities or California counties, rankings are based on the place with the highest (worst) rate ranking first.

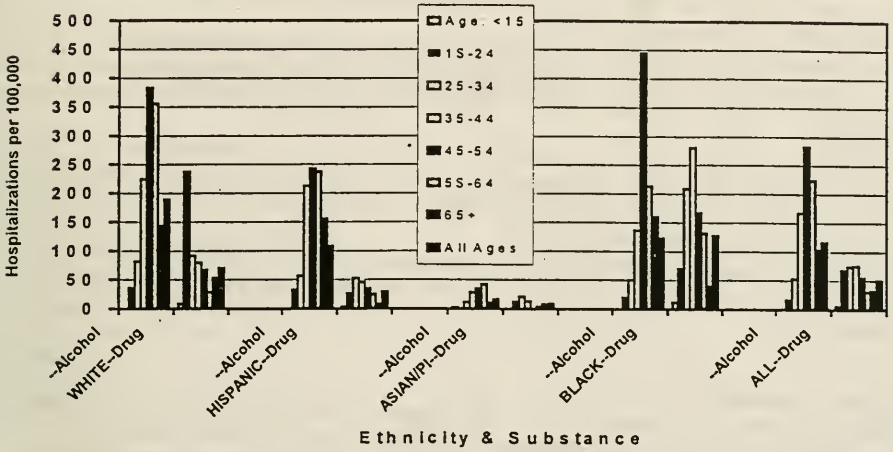
Table 4. San Francisco Ranking on Selected Drug-Related Indicators

INDICATOR	YEARS	S.F. RANK:	RATE:	NUMBER:	SOURCE
US Comparisons		US Cities	Crude	Total	
Heroin ER rate	1996-97	3d	191	3,021	1
Cocaine ER rate	1996-97	10th	137	2,174	1
Methamphetamine ER rate	1996-97	1st	65	1,023	1
AIDS case rate	1994-95	4th	83	1,376	2
Homeless rate	1990	2d	2	5,569	3
California Comparisons		California Counties	Age adjusted	Ave. per year	
Drug-related deaths	1995-97	1st	19.3	181.0	4
Suicide	1995-97	19th	13.9	132.3	4
Homicide	1995-97	16th	9.0	63.0	4

Rates are per 100,000 population. Age adjusted rates are standardized to 1970 US population.
Sources: 1. SAMHSA, 1996-97. 2. CDC, HIBV/AIDS, 1994-95. 3. US Bureau of Census, 1990. 4. Ca Dept. Health Services, *County Health Profiles 1998*.

- Hospitalization rates are greater for alcohol-related than for drug-related diagnoses (**Figure 7**) for all groups except blacks, where the rates are very close (based on 95 alcohol and 98 drug diagnosis hospitalizations). Asian/Pacific Islander hospitalization rates, for both alcohol and drug-related primary diagnoses, are low relative to their share of the overall population. Alcohol-related hospitalizations for whites, especially ages 35-54, are high. This may reflect a combination of factors, including greater alcohol abuse among whites, greater access to hospitalization, and/or a larger share of whites being hospitalized from surrounding counties. In each ethnicity, hospitalization rates related to both alcohol and drugs peak in ages 35-44 or 45-54, with drug-related hospitalizations skewed toward even younger ages than alcohol-related. **Figure 7** covers only hospitalizations for *primary diagnoses* that are alcohol- or drug-related and is for hospitalizations in San Francisco facilities, regardless of residence of patient.

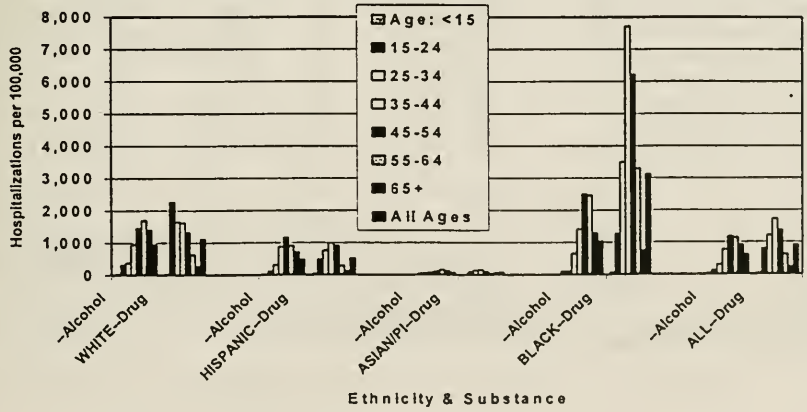
Figure 7. Alcohol- and drug-related hospitalization rates by race/ethnicity and age, SF hospitals, 1997 (hospitalizations with alcohol- or drug-related *primary* diagnosis)



Source: Ca. Dept. Alcohol & Drug Programs, Ca. OSHPD hospital discharge data (unpublished data)

- Figure 8 covers hospitalizations with *any diagnosis* that is alcohol- or drug-related and is for hospitalizations in San Francisco facilities, regardless of residence of patient. When we look beyond just primary diagnosis to hospitalizations with any secondary diagnosis, 1997 alcohol-related hospitalizations go from 893 to 4,700, or 5.3 times as many, and for drug-related diagnoses, the number goes from 388 to 6,413, 16.5 times as many. [Note that the left-side scale for Figure 8 (any alcohol or drug related diagnosis) is 16 times as large as that for Figure 7(primary diagnosis only)]. Compared to Figure 7, Figure 8 shows greater increases in drug-related hospitalization rates among blacks, whites and Hispanics. Drug-related hospitalizations are greater than alcohol-related ones for each of these groups, and for blacks, they are three times as frequent (2,410 drug-related hospitalizations compared to 796 that are alcohol-related).

Figure 8. Alcohol- and drug-related hospitalization rates by race/ethnicity and age, SF hospitals, 1997 (expanded to include hospitalizations with *any* alcohol- or drug-related diagnosis)



Source: Ca. Dept. Alcohol & Drug Programs, Ca. OSHPD hospital discharge data (unpublished data)

Drugs - Availability

Availability is estimated by a combination of ethnographic reports and use (often outcome) indicators, which are regularly compiled for San Francisco for the Community Epidemiology Working Group of NIDA by John Newmeyer of the Haight-Ashbury Free Clinics.

- Heroin: Increases in young adult users reported. Heroin became purer and cheaper, and medical examiner reports, treatment admissions, and opiate arrests are up; but, emergency department mentions are level (since 1995), and burglaries have declined. Numbers in CSAS treatment level for last 3 years, at around 4,000.
- Cocaine: gradual, steady decline in indicators of use since 1992, except for deaths; medical examiner mentions up in 1997-98 from prior year. Crack smokers are typically African American, older (ages 30-50) and almost equally male and female. Clients in treatment at CSAS have been steady over the past four years; the number treated was 2,865 in 1997-98.
- Methamphetamine: ethnographic observers report decreased activity in late 1998, but other, annual indicators were continuing to increase, including deaths, emergency department mentions, and numbers of clients in treatment.

SFGH Inpatient Treatment

- Diagnoses that are directly based on alcohol, tobacco or drugs accounted for 30.1% of all patients, 26.5% of all hospitalizations (an average of 1.2 hospitalizations per patient), and 25.4% of all hospital days (37,610 bed-days) at SFGH in 1997-98. This does not include any causes which are partly attributable to alcohol or drugs, such as assaults, attempted suicide, unintentional injuries, heart disease, or various cancers or respiratory conditions.

Table 5. SFGH 1997-98 Inpatient Hospitalizations: Direct Alcohol, Tobacco and Other Drug Diagnoses Among Top 60 Diagnoses.

Rank	ICD-9	Diagnosis	Patients	%	Discharges	%	Discharges /patient	Days	%	ALOS*
	All		14,580	100.0%	20,061	100.0%	1.38	148,109	100.0%	7.38
7	303.90	Alc dep NEC/NOS-unspec.	777	5.33%	997	4.97%	1.28	8,292	5.60%	8.32
11	304.01	Opioid depoend.-contin.	651	4.47%	842	4.20%	1.29	3,787	2.56%	4.5
13	304.00	Opioid depoend.-unspec.	581	3.98%	734	3.66%	1.26	3,877	2.62%	5.28
20	303.91	Alc dep NEC/NOS-contin.	460	3.16%	538	2.68%	1.17	3,753	2.53%	6.98
21	305.60	Cocaine abuse–unspec.	442	3.03%	537	2.68%	1.21	2,611	1.76%	4.86
24	305.0	Alcohol abuse–unspec.	441	3.02%	478	2.38%	1.08	5,234	3.53%	10.95
32	304.2	Cocaine depend.–unspec.	280	1.92%	331	1.65%	1.18	2,065	1.39%	6.24
33	304.7	Opioid/other dep.–unspec.	260	1.78%	330	1.64%	1.27	1,770	1.20%	5.36
38	305.1	Tobacco use disorder	280	1.92%	304	1.52%	1.09	1,636	1.10%	5.38
58	305.9	Drug abuse NEC–unspec.	210	1.44%	225	1.12%	1.07	4,585	3.10%	20.38
		Alcohol total	1678	11.5%	2013	10.0%		17,279	11.7%	10.30
		Drug total	2424	16.6%	2999	14.9%		18,695	12.6%	7.71
		ATOD Total	4,382	30.1%	5,316	26.5%	1.21	37,610	25.4%	

* ALOS = average length of stay. Rank refers to 60 most common diagnoses among inpatient cases.
source: SF DPH, CHN, Planning and Marketing, SFGHH Inpatient Care (including MHRF and SNF), 9/25/98

Table 6. San Francisco and California Alcohol and Drug Risk and Need Indicators

The state's Dept. of Alcohol and Drug Programs reports on a series of indicators of alcohol and drug risk and need for each county. **Table 6** shows how San Francisco compares to the state in the latest report, and how these indicators have changed from 1991 to the latest year for which data are reported, 1996.

#	Domain Subscale #. Indicator	1991 SF	1991 Ca	1996 SF	1996 Ca	1991-96 change SF	1991-96 change Ca	1994-1996 average	S.F. County rank
	Community								
1	Social/economic deprivation/displacement								
	1. Ann. average unemployment rate	5.4	7.7	4.7	7.2	+	+	5.7	8
	2. AFDC recipients as % of population	5.1	7.3	4.4	8.2	-	+	4.8	15
	3. County population growth per year	0.6	2.07	2.3	1	+	-	0.77	35
	4. Legal foreign immigration /100,000	1802	623	1315	513	-	-	1552	1
2	Availability								
	1. Retail liquor outlets /10^5, age 21+	522	224	468	206	-	-	481.4	50
3	Health status								
	1. % of low birthweight infants	7.5	5.8	6.7	6.1		+	6.8	56
	Family								
1	Risk environment								
	1. % of births to unmarried women	31.4	33.3	28.4	31.4	-		29.1	25
2	Family displacement								
	1. Emerg. response dispositions, child abuse/neglect /10^5	78.8	70.3	57.9	74.8	-	+	63.2	13
	2. Domestic violence calls for assistance /10^5, age 18-69	17.2	10	11.9	10	-	-	16.1	50
	3. Children living in foster care /10^5, age 0-18	22.2	7.6	19.4	7.7	-	-	20	57
3	Adult alcohol and drug use								
	1. Adult arrests, drug-related offenses /10^5, age 18-69	17	9.9	17.9	10.3	+	-	16.7	55
	2. Adult arrests, driving under the influence, age 16-69	5.7	15.23	2.7	8.9	-	-	2.8	1
	3. Adult arrests, other drug-related offences /10^5, age 18-69	5.5	8.7	4	6.6	-	-	3.7	4
4	Family income								
	1. % of students participating in school lunch programs	38.3	43.2	43.9	46	+	+	44.7	35
	School								
1	Commitment to school								
	1. % of HS graduates prepared for college	*51	*33	49	35	-	+	50	1
	2. % of students completing high school	N/A	N/A	88	87.7	-	+	88.7	26
	Individual								
1	Adolescent risk								
	1. Juvenile law enforcement dispositions /10^5, age 10-17	99.5	75.9	95.2	73.6	-	-	93.1	42
	2. Juvenile alcohol and drug-related arrests /10^5, age 10-17	12.2	3.8	14.7	10.3	+	+	13.7	38
	3. Births to teen mothers /1,000 women, age 15-19	48.5	72.9	35.7	61.6	-	-	39.6	8
2	Early risk								
	1. Alcohol and drug arrests, offenders age 10-14 /1,000	3.1	1.7	3.3	3.1	+	+	2.9	16
3	Adolescent alienation								
	1. Adolescent suicide rate /10^5, age 0-18	3.36	1.97	0	1.18	-	-	1.02	8
	2. Runaway rate /1,000, age 0-18	N/A	N/A	10.5	12.3	+	-	9.1	10

/10^5 = per 100,000 *1992 N/A = not available

County rank refers to San Francisco's rank among California counties, based on 1994-1996 average, from 1 = best to 58 = worst.
source: Ca Dept of Alcohol & Drug Programs, *Profile of AOD Risk and Need Indicators, San Francisco County.* Sacramento: 1999.

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

TO: Lee Ann Monfredini, President and
Members of the San Francisco Health Commission

FROM: Mitchell H. Katz, M.D.
Director of Health

RE: 1999-00 State Budget

DATE: July 12, 1999

This memorandum highlights the key aspects of Governor Davis' 1999-00 budget as signed on June 29, 1999. In addition, the memorandum summarizes the impacts of the State budget on the Department of Public Health. The Department receives approximately 20% of its funding from the State (either through Realignment or other State funds). As you are aware, the State had surplus funding for 1999-00; the majority of which was allocated to public education given the Governor's budget and policy priorities, and the California constitutional mandate. The State's portion of the tobacco settlement funds is part of the overall revenue budget and was not allocated for specific purposes.

Summary of State Budget

On June 29, 1999, Governor Davis signed an $81.3 billion budget for fiscal year 1999-00. Of that amount, $63.7 billion (78%) is in State general fund. The budget includes significant increases for education and infrastructure, provides assistance to local government and offers new tax relief. The Governor vetoed $581 million in appropriations sent to him by the Legislature, $262 million of which was in the health and human services area. For many health-related budget items, the Governor significantly reduced the Legislature's allocations, rather than completely vetoing the items. The State health and human services budget is $20.9 billion (of which $16.9 is general fund).

While the Governor signed the State budget before the start of the fiscal year, he did not sign many of the budget trailer bills that provide authorization for programs and expenditures. As a result, the State budget process is not yet complete. In addition to the State budget, there are four health and human services budget trailer bills: (1) Assembly Bill 1107, the Omnibus Health Trailer, (2) Assembly Bill 1111, the Omnibus Social Services Trailer, (3) Assembly Bill 1682 relating to In-Home Supportive Services and (4) Senate Bill 710 the clean-up Trailer for IHSS. As of the writing of this memorandum, the Governor signed AB 1682 and SB 710 to implement funding provisions for IHSS. The Governor has until midnight, July 13, 1999 to sign or veto AB

15) 554-2600 101 Grove Street San Francisco, CA 94102

1107; if he does not act, then the bill will become law without this signature. The Governor has refused to sign Assembly Bill 1107 because of concerns over expanding the State-only Medi-Cal program providing long-term care and renal dialysis for undocumented immigrants. The Governor wants this component deleted; he is rejecting any expansion of this program and wants to cap expenditures and beneficiaries using this program at 110% of the 1999-00 estimated population. The budget for this service is $18.2 million for existing residents.

The budget includes accelerating the scheduled vehicle license fee cuts by a additional 10% in the year 2000, resulting in a cumulative 35% cut in the fee from the 1998 base level. The Health Commission may recall that the State general fund is being used to backfill reductions in the vehicle license fees. A portion of the vehicle license fees is used to provide State realignment funds to counties for health, mental health and social service programs. Realignment funds have not been reduced in the State 1999-00 budget. Current estimates are that Realignment funds will be increased to reflect increases in caseload growth.

Health Related Provisions of the State Budget

The following are the decisions on health-related budget actions made by the Governor, most of which are contingent on passage of the final health budget trailer bill.

- *HIV/AIDS:* The Governor approved $13.4 million in increases for various HIV/AIDS programs, however, this is a $3.4 million reduction from the augmentations approved by the Legislature. The new funding includes prevention and care programs targeted specifically for communities of color. Among the funds vetoed by the Governor were $1 million for partner counseling and referral services, and $1.6 million for HIV testing at family planning clinics. At this time, it is unclear how much of these dollars will be distributed to local communities and how much will be distributed to the State Department of Health Services for prevention activities.

- *Healthy Families:* The State budget expands eligibility for the Healthy Families Program which provides health, dental and vision coverage for children. Funding has been budgeted to serve 295,000 uninsured children. Specifically the budget:
  - expands eligibility for children in families with income up to 250% of the federal poverty level,
  - applies Medi-Cal income deductions to incomes above 250% of the federal poverty level,
  - includes legal immigrant children who entered the country after the passage of federal welfare reform (August 22, 1996) and
  - includes "minor" applicants into the program.

- *Local Public Health Augmentation:* The Governor vetoed all but $292,000 of the $7.7 million augmentation for public health funding to enhance local food safety, immunization assistance, and disease control efforts. On a statewide-basis, the Governor's 1999-00 budget provides only $1 million to these efforts.

- *Medi-Cal;* The primary component of the Governor's budget was a expansion in Medi-Cal eligibility. This will help provide health insurance for more uninsured Californians.

  The Governor has not yet adopted budget language which would reduce the State's Disproportionate Share Hospital (DSH) administrative fee by $30 million. This provision is contained in AB 1107 the Omnibus Health Trailer bill. This action would reduce the State's administrative fee from $114.8 million to $84.8 million thereby providing more funding for disproportionate share hospitals. If passed, San Francisco General Hospital would benefit from this change. However, the trailer bill has been challenged, and this provision may not remain intact.

  - The State budget increase in the income ceiling for Medi-Cal for two-parent families from 70% to 100% of the Federal Poverty Level (FPL). This would amount to a $41 million increase in State general fund. The Legislature had approved raising the income ceiling from 70% to 150%, however, this was eliminated by the Governor.
  - Funding for Medi-Cal benefits is at $18.5 billion. The Governor reduced the proposed funding by $155.5 million – the funding would have been used for various rate increases.
  - The budget includes $36 million in General Fund to increase staffing hours provided per patient per day and to provide wage and related benefit increases to staff providing direct patient care in nursing homes.
  - The Governor deleted a requirement that the State Department of Health Services conduct a public awareness survey to measure the effectiveness of outreach for Medi-Cal and Healthy Families. He also deleted a requirement that the State convene workgroups to discuss options for streamlining the Medi-Cal application process, for implementing a single point of entry for Medi-Cal and Healthy Families enrollment, and for improving patient access to prescription medicines.

- *Mental Health*
  - The Governor retained a $10 million augmentation (one-time) for new Adult System of Care programs. The intent is to provide funding to counties with existing successful programs which integrate services to severely mentally ill adults who would otherwise be at risk of homelessness or incarceration.
  - The Governor retained $12.5 million for a State-only Medi-Cal program to fund ancillary non-specialty health services to residents of Institutes for Mental Disease. However, the Governor required the Legislature to approve a new trailer bill establishing a one-year sunset with respect to the program and funding. This provision is included in Senate Bill 708. If SB 708 is passed and the sunset date is not extended in the year 2000, then counties would have sole fiscal responsibility for these services in fiscal year 2000-01. The Department will work closely with the State Department of Mental Health to determine how this program will be administered and financed on the local level.

- *Proposition 99 (Tobacco Tax):* The Governor vetoed all legislative proposals to backfill or restore funds to Proposition 99 programs. Specifically, he deleted the Legislature's $16.6 million augmentation for Proposition 99 funds for the California Healthcare for Indigents Program (CHIP) and Rural Health Services (RHS). He also deleted the Legislature's $6 million General Fund augmentation for CHIP. CHIP funding was further decimated by the Governor's elimination of the Legislature's $14.9 million General Fund backfill for the Breast Cancer Early Detection Program (BCEDP). BCEDP will continue to be funded solely through Proposition 99 revenues, which will result in additional reductions in CHIP indigent care funding. The Governor's explanation for the CHIP reduction is that: (1) the Cigarette and Tobacco Products Surtax Fund is a diminishing funding source, (2) expansion of the Healthy Families and Medi-Cal programs will decrease the indigent health care burden at the local level and (3) increased local revenues (e.g., Proposition 10 and tobacco settlement funds) are available at county discretion to augment CHIP. For San Francisco, the CHIP reductions are anticipated to result in a decrease of $2.76 million from the amount budgeted for fiscal year 1999-00. An estimated $2.5 million of this decrease is for San Francisco General Hospital.

Other Health-Related Items

- The Governor approved $5 million in General Fund for a one-year matching grant breast cancer treatment program for underinsured Californians with incomes at or below 200% of the federal poverty level.
- The Governor approved $4.7 million in General Fund for expansion of publicly-funded family planning services to a broader population (i.e., more males, and females not at-risk of pregnancy) and to include diagnosis and treatment of sexually transmitted infections.
- The Governor vetoed a $2 million augmentation to fund supportive housing for individuals with disabilities, but approved a $5 million for supportive housing for CalWORKs recipients with special needs.

Offset to Revenue Reduction to the Department of Public Health

The Department is actively working to avert additional decreases in State revenues. As noted before the State budget will result in a $2.5 million reduction in Proposition 99 funds to San Francisco General Hospital. The City Controller and the Mayor's Budget Office staff are currently analyzing the State budget and the trailer bills to determine the financial impact for the entire City. The Controller estimates that the City and County will receive sufficient increases to the State's Local Assistance to County Government Program which can offset the lost funding in the Proposition 99 funds within the Department. Should these additional State revenues be available, the Controller will request authorization from the Mayor and the Board of Supervisors to back-fill lost State funding.

Throughout the year the Department provides the Health Commission with updates on State funding and legislative issues. The Department will keep the Health Commission apprised on any changes in State funding.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

7, 31/99
/99

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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SPECIAL NOTICE

HEALTH COMMISSION

MEETINGS FOR AUGUST AND SEPTEMBER 1999

3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

There will be three meetings in August and only one in September. The dates are:

Tuesday, August 3, 1999
Tuesday, August 17, 1999
Tuesday, August 31, 1999
Tuesday, September 21, 1999

There will <u>not</u> be a Commission meeting on Tuesday, September 7, 1999.

For information, call the Health Commission Office at 554-2666.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
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Commissioner

John I. Umekubo, M.D.
Commissioner

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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AGENDA

HEALTH COMMISSION MEETING

August 3, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING JULY 20, 1999

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **CHN-Primary Care-Homeless** – Request for approval of retroactive contract renewal and sole source request with Bayview Hunter's Point Foundation (BVHP), in the amount of $419,467, for the provision of mental health outreach/case management services to the homeless, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with BVHP for services totaling $7,048,785 during FY 1998/99).

(3.2) **PHP-AB 75 Project** – Request for approval to apply for, accept and expend retroactively a grant allocation in the amount of up to $4,910,208 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 1999/00.

(3.3) **PHP-HIV Prevention Services** – Request for approval of contract renewal with Mobilization Against AIDS International (MAAI), in the amount of $73,068, for the provision of HIV prevention services, including HIV risk reduction education and counseling services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with MAAI for services totaling $335,466 during FY 1998/99).

(3.4) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $69,073, for the provision of venue-based group outreach, multiple session workshops and evaluation, for the period of July 1, 1999 through December 31, 1999. (DPH contracted with Instituto for services totaling $8,731,281 during FY 1998/99).

(3.5) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Black Coalition on AIDS (BCOA), in the amount of $246,687, for the provision of HIV prevention services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with BCOA for services totaling $1,047,956 during FY 1998/99).

(3.6) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Black Coalition on AIDS (BCOA), in the amount of $227,397, for the provision of HIV prevention services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with BCOA for services totaling $1,047,956 during FY 1998/99).

(3.7) **PHP-HIV Health Services** – Request for approval of retroactive contract renewal with Bayview Hunter's Point Foundation (BVHP), in the amount of $92,610, for the provision of HIV complementary therapy services, for the period of March 1, 1999 through February 29, 2000. (DPH contracted with BVHP for services totaling $7,048,785 during FY 1998/99).

(3.8) **PHP-Health Promotion** – Request for approval of new contract with Polaris Research and Development, in the amount of $158,000, for the provision of comprehensive evaluation services for the Mangini tobacco settlement funded prevention program, for the period of September 1, 1999 through June 30, 2001. (DPH contracted with Polaris for services totaling $492,330 during FY 1998/99).

(3.9) **PHP-Health Promotion** – Request for approval of new contract with O'Rorke Public Relations and Advertising in the amount of $477,500, for the provision of media services for the Mangini tobacco settlement funded prevention program, for the period of September 1, 1999 through June 30, 2001. (DPH contracted with O'Rorke for services totaling $191,987 during FY 1998/99).

(3.10) **PHP-CSAS** – Request for approval of retroactive multi-year contract renewal and sole source with the San Francisco Drug Abuse Advisory Board (SFDAAB), in the amount of $51,787, for the provision of advisory services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SFDAAB for services totaling $51,787 during FY 1998/99).

(3.11) **PHP-CMHS** – Request for approval of contract renewal with the Regents of the University of California Clinical Practice Group (UCSFCPG) for the provision of professional mental health managed care model of services, for the period of July 1, 1999 through June 30, 2001. Maximum compensation allocated for these services for all network providers is $3,300,000 for FY 99/00. (DPH contracted with UCSFCPG for services totaling $40,000 during FY 1998/99).

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(3.13) **PHP-CMHS** – Request for approval of retroactive contract renewal with Ross Hospital (RH) for the provision of : (1) acute psychiatric inpatient hospital services for indigent children and adolescents in the amount of $60,000 in City funds, and (2) Medi-Cal funded psychiatric inpatient hospital services for Medi-Cal eligible children and adolescents for the period of July 1, 1999 through June 30, 2000. The total dollar amount for psychiatric inpatient hospital services for Medi-Cal beneficiaries for all six hospital providers is $5,000,000. (DPH contracted with RH for services totaling $80,000 during FY 1998/99).

4) DIRECTOR'S REPORT (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH WEB SITE

6) UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING

7) OTHER BUSINESS/PUBLIC COMMENTS*

8) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

PATRICIA LOVELOCK V. CITY AND COUNTY OF SAN FRANCISCO, OFFICER GONG, ANDY LITOWSKY, CHIEF STEPHEN LA PLANTE, SUSAN WORD, PAUL LINDE, CITY AND COUNTY OF SAN FRANCISCO AND DOES 1-20. U.S. DISTRICT COURT #C98-3879 CRB. PROPOSED SETTLEMENT $6,000

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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Website: http//www.dph.sf.ca.us

MINUTES OF THE HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

AUG 1 2 1999

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, August 3, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Roma Guy at 3:08 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 20, 1999.

Action Taken: The Commission unanimously adopted the minutes of July 20, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **CHN-Primary Care-Homeless** – Request for approval of retroactive contract renewal and sole source request with Bayview Hunter's Point Foundation (BVHP), in the amount of $419,467, for the provision of mental health outreach/case management services to the homeless, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with BVHP for services totaling $7,048,785 during FY 1998/99).

(3.7) **PHP-HIV Health Services** – Request for approval of retroactive contract renewal with Bayview Hunter's Point Foundation (BVHP), in the amount of $92,610, for the provision of HIV complementary therapy services, for the period of March 1, 1999 through February 29, 2000. (DPH contracted with BVHP for services totaling $7,048,785 during FY 1998/99).

Items #3.1 and #3.7 were approved with the understanding that in 90 days (November 2, 1999) the contractor, along with Board members, will bring back to the Budget Committee a strategic plan for the agency. The contractor, along with a member of its Board of Directors, will report every month to the Joint Conference Committee for Population Health and Prevention on its progress in developing its strategic plan. The Department was directed to provide technical assistance to the contractor. If the strategic plan is not acceptable to the Department and the Commission, the Department will be directed to look for other contractors.

Commissioner Hill stated his commitment to these services needed in the Bayview Hunters Point community.

Commissioner Sanchez pointed out the network of resources in the Bayview community and encouraged the contractor to revisit its mission in the community.

Commissioner Umekubo supported the recommendations.

Karen Patterson, Executive Director of the agency, clarified that much of their funding is not specific to the Bayview area and that the agency serves a diverse population. She also pointed out that the HIV complementary therapy contract does not reflect the whole organization.

(3.2) **PHP-AB 75 Project** – Request for approval to apply for, accept and expend retroactively a grant allocation in the amount of up to $4,910,208 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 1999/00.

(3.3) **PHP-HIV Prevention Services** – Request for approval of contract renewal with Mobilization Against AIDS International (MAAI), in the amount of $73,068, for the provision of HIV prevention services, including HIV risk reduction education and counseling services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with MAAI for services totaling $335,466 during FY 1998/99).

(3.4) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $69,073, for the provision of venue-based group outreach, multiple session workshops and evaluation, for the period of July 1, 1999 through December 31 1999. (DPH contracted with Instituto for services totaling $8,731,281 during FY 1998/99).

(3.5) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Black Coalition on AIDS (BCOA), in the amount of $246,687, for the provision of HIV prevention services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with BCOA for services totaling $1,047,956 during FY 1998/99).

(3.6) **PHP-HIV Prevention Services** – Request for approval of retroactive contract renewal with Black Coalition on AIDS (BCOA), in the amount of $227,397, for the provision of HIV prevention services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with BCOA for services totaling $1,047,956 during FY 1998/99).

The Department will bring back a progress report to the Budget Committee in October.

(3.8) **PHP-Health Promotion** – Request for approval of new contract with Polaris Research and Development, in the amount of $158,000, for the provision of comprehensive evaluation services for the Mangini tobacco settlement funded prevention program, for the period of September 1, 1999 through June 30, 2001. (DPH contracted with Polaris for services totaling $492,330 during FY 1998/99).

(3.9) **PHP-Health Promotion** – Request for approval of new contract with O'Rorke Public Relations and Advertising in the amount of $477,500, for the provision of media services for the Mangini tobacco settlement funded prevention program, for the period of September 1, 1999 through June 30, 2001. (DPH contracted with O'Rorke for services totaling $191,987 during FY 1998/99).

(3.10) **PHP-CSAS** – Request for approval of retroactive multi-year contract renewal and sole source with the San Francisco Drug Abuse Advisory Board (SFDAAB), in the amount of $51,787 per year, for the provision of advisory services, for the period of July 1, 1999 through June 30, 2003. (DPH contracted with SFDAAB for services totaling $51,787 during FY 1998/99).

(3.11) **PHP-CMHS** – Request for approval of contract renewal with the Regents of the University of California Clinical Practice Group (UCSFCPG) for the provision of professional mental health managed care model of services, for the period of July 1, 1999 through June 30, 2001. Maximum compensation allocated for these services for all network providers is $3,300,000 for FY 99/00. (DPH contracted with UCSFCPG for services totaling $40,000 during FY 1998/99).

Commissioner Sanchez abstained due to conflict of interest.

(3.12) **PHP-CMHS** – Request for approval of retroactive contract renewal with Walnut Creek Hospital (WCH) for the provision of : (1) acute psychiatric inpatient hospital services for indigent children and adolescents in the amount of $60,000 in City funds (2) Medi-Cal funded psychiatric inpatient hospital services for Medi-Cal eligible children and adolescents for the period of July 1, 1999 through June 30, 2000. The total dollar amount for psychiatric inpatient hospital services for Medi-Cal . beneficiaries for all six hospital providers is $5,000,000. (DPH contracted with WCH for services totaling $80,000 during FY 1998/99).

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Commissioner Parker requested clarification of #3.1 and 3.7.

Commissioner Chow reminded the Department of the need to provide information on the efficacy of acupuncture in HIV treatment.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with the specific recommendations for Bayview Hunters Point Foundation.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Proposition 187

Governor Davis and civil rights organizations have agreed not to pursue their respective lawsuits regarding the implementation of Proposition 187. As you may recall, Proposition 187 was approved by the voters in 1994 and prohibited the provision of most publicly funded services to undocumented persons.

The measure limited public health care services to emergencies only, and requires providers to report persons who appear to be undocumented to the Attorney General's Office and the Immigration Naturalization Service. The Department of Public Health and the Board Supervisors approved resolutions opposing the measure. In addition, Governor Davis opposed Proposition 187 because of his belief that parts of the ballot were unconstitutional.

In March 1998, the United States District Court Judge Pfaelzer issued a final judgement finding Proposition 187 unconstitutional and permanently enjoining the State from implementing and enforcing the law. Specifically, the Court found the following sections of Proposition 187 unenforceable:

- law enforcement agency cooperation with INS,
- exclusion of undocumented persons from public social services,
- exclusion of undocumented persons from publicly-funded health care,
- exclusion of undocumented persons from public-post elementary and secondary institutions, and
- State Attorney General cooperation with INS.

The Court's ruling was based on the fact that Proposition 187 was preempted by federal law (e.g., the 1996 Welfare Reform Act).

This agreement preserves the decision handed down by Judge Pfaelzer in 1998. The components that remain in Proposition 187 relate to establishing State criminal penalties for the manufacturer and use of false documents to conceal illegal immigration status. The agreement indicates that the State is allowed to enforce any restriction that has been adopted under federal laws, such as the 1996 Welfare Reform Act. It is expected that the agreement will result in the dismissal of two court cases, which challenge the rights of undocumented residents to attend public schools.

The Department is pleased that an agreement has been reached on this issue. The Department strongly believes that all residents are entitled to quality health services, irrespective of their immigration status.

Public Charge

On July 22, 1999 the Department of Public Health submitted its comments to the Immigration and Naturalization Service (INS) on the proposed public charge rule. As you may recall, this is the first time that the federal government has defined "public charge." The rule indicates that health-related benefits are not subject to public charge consideration (e.g., Medicaid, children's health insurance program, WIC, prenatal care, etc.). While we are extremely pleased with the federal government clarification of public charge, we believe that the proposal should be clarified in two areas – long-term institutionalization and sponsorship. The proposed rules indicates that long-term institutionalization (except in the cases of rehabilitation) is subject to public charge. However, the proposal does not indicate what period of time constitutes long-term in a skilled nursing or mental health facility. With respect to sponsorship, we have recommended that the INS forms be modified to eliminate questions that ask sponsors whether they or members of their family have received public benefits.

The federal government accepted comments on the proposed rule until July 26, 1999. While the proposed rule went into effect immediately (as of May 26, 1999), the federal government is in the process of finalizing the rule based on comments submitted by interested parties.

Within the Department of Public Health, we established a Public Charge Work Group to develop strategies to inform our staff and clients about the new rule.

In addition, on August 12, 1999 and August 17, 1999, the Department of Public Health will hold public charge training sessions for certain staff. The Northern California Coalition on Immigrant Rights has agreed to participate and present at these training sessions. The training sessions are designed to discuss the new proposed public charge rule and to provide staff with information on how to inform clients about this provision. After these initial trainings, the Department will also conduct more in-depth training with eligibility and registration workers.

State Budget

Last week, Governor Davis signed the three budget trailer bills that implement budget provisions relating to health and human services for fiscal year 1999-00. The bills are AB 1107 (Cedillo), (D-Los Angeles); AB 1111 (Aroner); and SB 708 (Senate Budget and Fiscal Review Committee). This means that the State budget process is completed. As a result of the State budget, certain immigrant rights, Medi-Cal and Healthy Families legislation were absorbed by the budget and will no longer continue through the legislative process. It should be noted that the Governor's signing of SB 708 makes a number of changes in AB 1107 and AB 1111.

AB 1107 is the omnibus budget trailer bill that implements provisions in the budget relating to health, mental health and developmental services. Key provisions are:

- Authorizes a state-only program to provide prenatal care services to undocumented women. This will ensure services to approximately 70,000 pregnant women annually.
- Expands Healthy Families eligibility to families up to 250% of the federal poverty level. An additional 172,000 children will be eligible. The bill also permits a family contribution sponsor to pay the required annual family premium. While the program will be expanded to include immigrant children who entered after August 22, 19996, they will only qualify for 12 months of benefits. The continuance in the program would then be dependent upon the federal government providing funding.
- Within Medi-Cal, the bill: (1) allows Medi-Cal eligibility for low-income, two parent working families earning up to 100% of the federal poverty level; (2) simplifies the adult Medi-Cal application and eligibility determination process; and (3) reduces the State administrative fee for disproportionate share hospital program by $30 million.
- Establishes the Family Planning Access, Care and Treatment (Family PACT) Waiver Program to provide services to those under 200% of the federal poverty level.
- Establishes the minimum number of actual nursing hours per patient required in skilled nursing facilities at 3.2 hours.

AB 1111 is the omnibus social services budget trailer bill. It implements provisions in the budget relating to social services. The key provision of this Bill related to health is the establishment of a public health nursing program in the child welfare services program to coordinate health services. The foster care public health nurse will coordinate with county mental health and local health departments.

Finally, SB 708 does the following:

- Caps future funding for long-term care and renal dialysis services to undocumented persons to 110% of the 1999-00 estimated caseload.

- Limits state-only funding for ancillary health care services to Medi-Cal patients in Institutes for Mental Disease to the current budget year. As mentioned at the previous Health Commission meeting, if the sunset on this repealed or extended, counties will face an additional $12 million annual cost.

Deputy Director for EEO Appointed

Norm Nickens has been appointed as Deputy Director for Equal Employment Opportunity Programs (EEO), Affirmative Action and Cultural Competency as of September 1, 1999. Since January 1998 he served as Deputy Director for Community Health Services.

As Deputy Director for EEO, Affirmative Action and Cultural Competency Norm will coordinate the Department's efforts to ensure a diverse workforce, enforce existing prohibitions on discrimination, implement the Commission's policy on cultural competency, and seek to expand the Department's contracting under the San Francisco Minority/Women's/Local Business Ordinance.

Previously Norm served as Assistant Director of the AIDS Office from July of 1994 through December of 1997.

Promoting the Department's On-line Accessibility

In an effort designed to promote Department of Public Health web site and e-mail accessibility, all Departmental managers have been directed to add both addresses to new and re-ordered business cards and letterhead. It is hoped that this effort will result in an increased use by the public of the information posted on our web site as well as allow us to be more accessible to the public through e-mail.

POPULATION HEALTH AND PREVENTION

Asthma

Supervisor Becerril called a hearing on asthma July 22nd at the Public Health and Environment Committee. A wide range of health care providers, school counselors, educators, day care providers, researchers, city officials and asthma sufferers presented testimony. The Department, represented by Larry Meredith, Jennifer Mann, Karen Cohn and David Ofman, presented an overview of asthma hospitalization and death data, plus a summary of the Department's outreach, care, education, prevention and collaboration activities.

Asthma has been increasing nationally, as well as in San Francisco. While the Department has mobilized its outreach and prevention efforts, broader, public-private partnerships are needed. Four overlapping areas require coordinated attention: expanding access to quality asthma treatment and follow-up care; training and education for parents, teachers, childcare workers and the general public; research, particularly prevalence studies; and prevention, through the reduction of indoor and outdoor environmental.

Immigrant Health

Newcomers Health Program, HIV Prevention Unit, Richmond Neighborhood Coalition and Jewish Family and Children's Services collaborated to print an HIV prevention brochure in Russian. Please contact Patricia Erwin, Newcomers Health Program, through e-mail or at 705-8552 to request copies for distribution.

Wedge Program

On the weekend of July 10, 1999, Free Zone, in conjunction with Dimensions Health Clinic, co-sponsored the Health and Wellness track at the "Young, Loud, and Proud" conference for hundreds of lesbian, gay, bisexual, transgender, and questioning youth at Mission High School. Workshops, run primarily by youth facilitators, covered topics ranging from how the tobacco industry targets queer youth to health issues facing transgender youth.

"Free Zone" is a collaboration between SFDPH's Wedge Program, the California Lavender Smoke-free Project, Health Initiatives for Youth (HIFY), and Lavender Youth Recreation and Information Center (LYRIC). The project was created to address the unmet health education needs of queer and questioning youth under 20 years old in San Francisco. Activities include a weekly drop-in group for queer youth and their friends and a media campaign in SF schools. For more information, look us up at http://members.aol.com/freezonesf or call Mazdak or Shivaun at 415-554-9098.

Violence Prevention

Jennabeth Ward, Violence Prevention Coordinator for the Health Promotion Section, was awarded a certificate of appreciation from Neighborhoods in Transition - a Multi-Cultural Partnership and Neighborhood Safety Partnership last month. The Mayor's Criminal Justice Council funds both of these groups. The certificate was awarded on the occasion of Ms. Ward's final meeting with the Violence Prevention Network. Ms. Ward is leaving the Department after 9 ½ of service, the last five of which she served as Violence Prevention Coordinator.

Family Violence Prevention

On July 19, the San Francisco Collaborative Organized to Prevent Abuse (SFCOPA), a project of the Health Promotion Section, trained 20 foster-family finding agency staff on the impact of domestic violence on children. In a 6-hour training, the cycle of violence was discussed, particularly as it pertains to the families of foster-children. Patricia Van Horn from UCSF's Child Trauma Project, who is informed in the physiological changes to the brain which result from young children's witnessing of violence, was the key presenter. She provided tips on how foster families can best help the children in their homes. The final presentation focused on how to intervene with youth and adult survivors of domestic violence, and how to access community resources.

"It's Time to Go Outside" - Smoke-Free Home TV Ad Campaign

The Tobacco Control Program created a media campaign urging smokers with children at home to smoke outside. Television ads were developed in English and Cantonese and aired 278 times in May. Over 300 viewers called to request an education packet after seeing the ad. Surveys returned by viewers indicated that the percentage of smokers who went outside increased from 20.8% to 38.6% after seeing the ad.

STD Prevention and Control

A Centers for Disease Control (CDC) Epidemiologic Intelligence Service (EIS) Officer (Gwen Hammer, PHD) has been assigned to the San Francisco STD Program for a two year period, from July 1, 1999 to June 30, 2001. She is an epidemiology, occupational health and safety policy expert, who will be working with the STD, HIV and CD Sections on outbreak evaluation and response, and long term primary prevention studies.

A CDC funded Public Health Prevention Specialist, Katy Turner, MPH, was also assigned to the STD Program effective September. She will focus on developing, implementing and evaluating a genital herpes prevention and control program in San Francisco, which will be the first such program in the United States.

Action Point Open House

Action Point held an open house last Thursday evening to announce its move to 125 - 6th Street. The program works with HIV infected persons to help them adhere to the complicated medical treatments necessary to fight the disease. The agency is using innovative approaches to help clients stick to the complicated drug regiments, including beepers indicating the time to take medication, and a weekly payment to individuals who stick to their drug taking schedule.

COMMUNITY HEALTH NETWORK

Laguna Honda Hospital Has New Medical Director

Dr. Terry Hill has been appointed as the new Medical Director at LHH. For the past five years Dr. Hill has been the CEO of the Geriatrics Medical Group and Medical Director for several skilled nursing facilities and a continuing care retirement community. He has been the Chair of the Nursing Facility Workgroup and a member of the Executive Committee of the California Coalition for Compassionate Care.

Grand Rounds LHH

Dr. William Thomas, a nationally renowned pioneer in implementing improved long-term care programs and environments, known as the "Eden Alternative", presented a special Grand Round at LHH in July. The session was attended by approximately 400 caregivers from all over the Bay Area. Dr. Thomas also toured LHH and provided consultation to staff on short-term improvements that could be made at LHH while planning the new facility. Drs. Derek Kerr and Maria Rivero have been certified as Eden Alternative Associates.

Emergency Department Changes

To improve patient care and house staff education, and to help decrease diversion, the Emergency Department has implemented significant operational changes. As of August 1, 1999:

- There will no longer be separate surgical and medical areas. Patients will be triaged by acuity rather than the nature of their illness or injury.
- Areas will be renamed. Eastside will become Zone 1; Observation Ward, Zone 2; Medical Ward, Zone 3; and Westside, Zone 4. Signs will be posted to direct visitors and staff.
- All attending physicians will be Board Certified emergency physicians (part-time non-emergency staff will no longer be used).
- Clerical staff will be decentralized.
- Each patient will be assigned a nurse (instead of a team), who is responsible for coordinating the patient's care.

Departure Chief of Otolaryngology

Kelvin Lee, M.D., the Chief of Otolaryngology, will be leaving at the end of the summer. Dr. Lee has been an outstanding clinician, teacher and leader among the medical staff.

Breastfeeding Poster Contest

The WIC program coordinates the breastfeeding activities for the County and recently held a poster contest. The awards reception was held today and WIC received a Proclamation from the Mayor announcing August 1 - 7th as San Francisco Healthy Breastfeeding Awareness Week.

Women's Health Center

The Women's Health Center has received a $9,400 grant from March of Dimes to help establish a breastfeeding center. The Women's Health Center currently has a breastfeeding support group every Friday morning. This group has been operating for the past year and a half and has been extremely

successful in offering individualized support to women who have a problem breastfeeding or who have sick or premature babies. It has also fostered new friendships among our clients.

The new Breastfeeding Center will provide supplies, such as electric breast pumps, which women can rent. Other breastfeeding support supplies are available. There will also be a video and book lending library.

Potrero Hill Jobs and Health Fair
A job and health fair will be held August 6th from 1:00 to 7:00 p.m. at the Potrero Hill Park and Recreation Center at 801 Arkansas Street. The Potrero Hill Health Center, in collaboration with Potrero Hill Family Resource Center, will provide interactive information and services. UCSF dental students will provide dental screenings. Entertainment will be provided by MAKE A CIRCUS! Please contact Arla Escontrias 206-2332 if you would like to volunteer.

Maxine Hall Immunization Fair
Maxine Hall will host its annual Immunization Fair, August 20th from 8 a.m. to 3 p.m. The Fair will focus on back to school immunizations for children living in the Fillmore and Western Addition Districts. Staff will provide information about Maxine Hall and other community-based programs. Please contact Arla Escontrias for more details.

Report from Deputy City Attorney
Jean Fraser, Deputy City Attorney, reported that the Department of Justice announced its closing of the investigation into billing practices at teaching hospitals (i.e., San Francisco General Hospital).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH WEB SITE

Anne Kronenberg, Executive Assistant to Dr. Katz and Director of External Affairs, provided an overview of the Department's development of an accessible user-friendly web site. The Internet Policy Committee (IPC) developed policy procedures and guidelines. Department of Public Health's presence on the web was in late January 1998. The webmaster is Barry Siler.

The current web site includes the following information about the Department:

- Health Commission members, background, agendas, minutes, resolutions, policies, reports and Employee Recognition Award winners
- Department of Public Health Mission Statement and organization charts
- Alphabetical listing of all Community Health Network and Population Health and Prevention programs with links to information pages on programs
- Department of Public Health data and reports
- Clinic locations, hours and services
- Employment listings
- Vital statistics, birth and death information
- Laguna Honda information page designed to give up to the minute information on the November bond process
- HIV/AIDS prevention and service information
- Epidemiology and disease control information
- Vaccination and immunization requirements
- Links to many related health sites, including the Centers for Disease Control, State Department of Health Services, Cityspan, Fire Emergency Services, and much more

Internet usage on the Department of Public Health Web Site (http://www.dph.sf.ca.us) has grown exponentially from a year ago. Since May 1998, the number of visits to the DPH web site increased by nearly 800%. An analysis of the past 12 months indicates a pattern of activity that validates the importance of the internet web site to the public.

Ms. Kronenberg acknowledged the work of webmaster Barry Siler and other Department of Public Health staff – Jessica Wolin, Donna Childers, and Dave Counter.

Commissioner Guy commended the Department for having the web site as a priority for the benefit of the public. She suggested for the web site that the Department's budget information developed by Chief Finance Officer Monique Zmuda would benefit the public.

6) UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING

Jimmy Loyce, Deputy Director of Health, and Tangerine Brigham, Director of Policy and Planning, presented a document providing the framework for a strategic planning initiative for the Department of Public Health. A copy of this document is available in the Commission Office.

This document is structured in the following manner. The introduction section provides information on the value of strategic planning and how strategic planning can be beneficial to the Department. The next section entitled "Framework for Strategic Planning" summarizes the external and internal factors which impact the services provided by the Department of Public Health. The next several sections discuss the Department's proposed strategic planning goals, key assumptions, strategic questions, outcomes and planning process. After a discussion of the strategic planning process, this document discusses the relationship of this strategic planning effort to divisional planning efforts within the Community Health Network and Population Health and Prevention. The final section of this document discusses the proposed communications plan for ensuring that all staff and interested parties are well informed about the strategic planning initiative as it proceeds.

Background materials on the Department's mission, organization, core functions, Federal and State regulations defining County mandates, the demographics of San Francisco, external changes in the health industry, and internal strategic planning issues were presented.

The timeframe for this planning process would be:

Phase I (Completion: November 1999)

- **Task:** Develop proposed strategic approach to financing issues for FY 2000-01 budget

Phase II (Completion: January 2001)

- **Task:** Develop proposed strategic direction and overall plan

(Attachment A)

Ms. Brigham acknowledged planner Richard Hodgson for his work on the Strategic Planning document.

Public Speaker: John Gressman, SF community Clinic Consortium, supported the planning process and encouraged the Department to collaborate with all of its partners.

Commissioners' Comments:

- commended staff for a comprehensive presentation and encouraged expansion of evaluation procedures and inclusion of all DPH partners
- include the document on the web site
- SF Medical Society should be included in the planning process
- encouraged external input from the community to occur prior to the development of the budget for FY 2000-01
- encouraged the use of existing planning documents and data tools from the public or advisory groups (i.e., youth reports, drug treatment, 1115 waiver, AB 1040, homeless death review)
- public input should be formally honored
- letters should be sent to all of the DPH advisory groups regarding the Strategic Planning in order to have some influence on the Department's budget for FY 2000-01
- update reports should be given at all of the Joint Conference Committees
- importance of evaluation and outcomes to measure effectiveness of programs
- encouraged Department to be more specific about where the Department wants to go
- shifting of priorities need to be noted
- encouraged the Department to make this a dynamic process with engagement from the line staff and public

Ms. Brigham clarified that in the first phase, the task would be to develop a proposed strategic approach to impact on a limited basis the finance issues for the FY 2000-02 DPH budget.

Dr. Katz stated the Department will utilize existing reports and will get input from the community advisory groups. He promoted the idea of bringing monthly updates to the full Commission so that the public can provide input all along the Strategic Planning process. He pointed out that the mission of the Department should drive this Strategic Planning process. This process is not about restructuring the Department. He also encouraged input on specifics from the Commissioners.

Vide President Guy thanked the staff for its report.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

None.

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 5:35 p.m.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

PATRICIA LOVELOCK V. CITY AND COUNTY OF SAN FRANCISCO, OFFICER GONG, ANDY LITOWSKY, CHIEF STEPHEN LA PLANTE, SUSAN WORD, PAUL LINDE, CITY AND COUNTY OF SAN FRANCISCO AND DOES 1-20. U.S. DISTRICT COURT #C98-3879 CRB. PROPOSED SETTLEMENT $6,000

The Commission came out of closed session at 5:55 p.m.

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

Action Taken: The Commission approved the $6,000 settlement.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action Taken: The Commission voted not to disclose any discussion held in closed session.

The meeting was adjourned at 6:00 p.m.

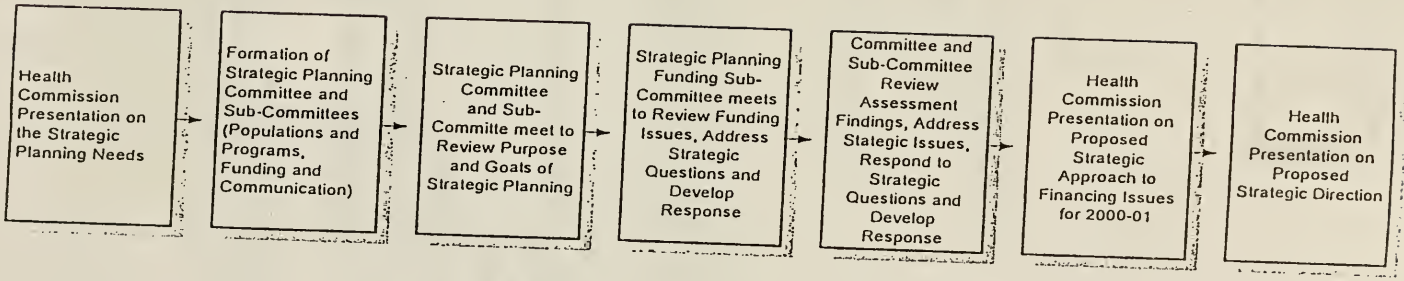
Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

Timeline for Completion

SAN FRANCISCO DEPARTMENT OF PUBLIC HEATH
PROPOSED STRATEGIC PLANNING TIMELINE
August 1999 - December 2000


Health Commission Presentation on the Strategic Planning Needs
Formation of Strategic Planning Committee and Sub-Committees (Populations and Programs, Funding and Communication)
Strategic Planning Committee and Sub-Committe meet to Review Purpose and Goals of Strategic Planning
Strategic Planning Funding Sub-Committee meets to Review Funding Issues, Address Strategic Questions and Develop Response
Committee and Sub-Committee Review Assessment Findings, Address Stategic Issues, Respond to Strategic Questions and Develop Response
Health Commission Presentation on Proposed Strategic Approach to Financing Issues for 2000-01
Health Commission Presentation on Proposed Strategic Direction
August 3, 1999
August 1999
August/September 1999
Late August 1999 - October 1999
September 1999 - October 2000
November 2, 1999
December 2000

The San Francisco Health Commission will receive regular updates on the planning process throughout this period.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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San Francisco, CA 94102

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

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HEALTH COMMISSION

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AGENDA

HEALTH COMMISSION MEETING

August 17, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING AUGUST 3, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **PHP-CHS-Housing Services –** Request for approval to accept and expend a new 3-year grant from the Corporation for Supportive Housing in the amount of $625,000, to partially fund the service and operating expenses at two single room occupancy hotels: the Pacific Bay Inn and the Windsor Hotel, for the period of July 12, 1999 through June 30, 2002.

(3.2) **PHP-CHS-CMHS** – Request for approval of new contracts with individual private practitioners under the San Francisco Mental Health Plan (Managed Care), in an amount not to exceed $3,300,000 per year, for all managed care providers, to provide mental health services for the period of July 1, 1999 through June 30, 2001.

(3.3) **PHP-CHS-CMHS-FMP** – Request for approval of multiyear contracts with a network of Family Mosaic Project individual providers for mental health and wrap-around services, including therapy, tutoring, mentoring, respite care and case management, for the period of July 1, 1999 through June 30, 2002, for a 3-year total amount of $1,026,100 and a maximum of $80,000 per year per individual provider.

(3.4) **PHP-CHS-CMHS-FMP** – Request for approval of contract renewals with eleven (11) agencies for mental health and wrap-around services, including therapy, tutoring, mentoring, respite care and case management, for a total of $1,103,495, for the period of July 1, 1999 through June 30, 2000. The 11 agencies, services and amounts are:

Contractor	Service Description	Contract Amount
Big Brothers/Big Sisters of San Francisco	Mentoring and Social Services	$15,060
Catholic Youth Organizations – St. Vincent's School for Boys	Sub-Acute Residential Treatment	$68,616
Family Service Agency	Fiscal Intermediary for Mental Health Services	$98,069
Family Support Services of the Bay Area	In and Out of Home Respite	$35,000
High Gear Achievers, Inc.	Tutoring	$40,000
JLC Services (previously known as Jamestown Mentoring Services)	Mentoring	$150,000
Lincoln Child Center	Sub-Acute Residential Treatment	$192,750
New College of California	Mental Health Consultation	$8,000
RISE Institute	Mentoring	$145,000
San Francisco Educational Services	Tutoring	$70,000
Victor Treatment Centers	Sub-Acute Residential Treatment	$281,000

(3.5) **PHP-CHS-CMHS** – Request for approval of a new multiyear contract with St. Luke's Healthcare Center, to provide professional managed care mental health services, for the period of July 1, 1999 through June 30, 2003. Maximum compensation allocated for these services for all network providers is $3,300,000 for fiscal year 1999-2000.

(3.6) **PHP-CHS-CMHS** – Request for approval of a contract renewal with St. Luke's Hospital to provide Medi-Cal funded psychiatric inpatient hospital services for Medi-Cal eligible adult beneficiaries, for the period of July 1, 1999 through June 30, 2000. The total dollar amount for psychiatric inpatient hospital services for all six (6) hospital providers is $5,000,000.

(3.7) **PHP-CHS-CMHS** – Request for approval of a multiyear contract renewal with Catholic Charities of San Francisco for $160,720 per year, for a total of $642,880, to provide 24-hour mental health residential services, for the period of July 1, 1999 through June 30, 2003.

(3.8) **PHP-CHPP-HIV Prevention** – Request for approval of a contract renewal with Filipino Task Force on AIDS (FTFA), in the amount of $61,167, for the provision of HIV prevention services, including multiple group workshops and case management, for the period of July 1, 1999 through June 30, 2000.

(3.9) **PHP-CHPP-HIV Prevention** – Request for approval of a contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $50,901, for the provision of venue-based group outreach and evaluation, for the period of July 1, 1999 through June 30, 2000.

(3.10) **PHP-CHPP-HIV Prevention** – Request for approval of a contract renewal with Lavender Youth Recreation and Information Center (LYRIC), in the amount of $104,033, for the provision of HIV prevention services, including HIV risk reduction education and counseling services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR AUGUST 1999**

6) **QUARTERLY UPDATE ON Y2K COMPLIANCE**

7) **OVERVIEW OF THE DEPARTMENT OF PUBLIC HEALTH MILLENNIUM EVENT PLANNING**

8) **CONTINUATION OF DISCUSSION AND CONSIDERATION OF A RESOLUTION ESTABLISHING POLICY AND BUDGETARY SUPPORT FOR EVIDENCED-BASED, COMMUNITY-DRIVEN PRIMARY PREVENTION**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
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HEALTH COMMISSION

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03-26-99

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, August 17, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Roma Guy at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 3, 1999.

Action Taken: The Commission unanimously adopted the minutes of August 3, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **PHP-CHS-Housing Services** – Request for approval to accept and expend a new 3-year grant from the Corporation for Supportive Housing in the amount of $625,000, to partially fund the service and operating expenses at two single room occupancy hotels: the Pacific Bay Inn and the Windsor Hotel, for the period of July 12, 1999 through June 30, 2002.

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Commissioners Sanchez and Hill commended St. Luke's for excellent services and its important role in providing a safety net.

(3.7) **PHP-CHS-CMHS** – Request for approval of a multiyear contract renewal with Catholic Charities of San Francisco for $160,720 per year, for a total of $642,880, to provide 24-hour mental health residential services, for the period of July 1, 1999 through June 30, 2003.

(3.8) **PHP-CHPP-HIV Prevention** – Request for approval of a contract renewal with Filipino Task Force on AIDS (FTFA), in the amount of $61,388, for the provision of HIV prevention services, including multiple group workshops and case management, for the period of July 1, 1999 through June 30, 2000.

Dr. Larry Meredith stated a progress report will be submitted to the Budget Committee.

Commissioner Hill requested a 60-day (October 19, 1999) progress report to the Budget Committee.

(3.9) **PHP-CHPP-HIV Prevention** – Request for approval of a contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $50,901, for the provision of venue-based group outreach and evaluation, for the period of July 1, 1999 through June 30, 2000.

This item was postponed to September 21, 1999.

(3.10) **PHP-CHPP-HIV Prevention** – Request for approval of a contract renewal with Lavender Youth Recreation and Information Center (LYRIC), in the amount of $104,291, for the provision of HIV prevention services, including HIV risk reduction education and counseling services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000.

Commissioner Parker requested clarification on #3.10 regarding the unit costs for single session group workshops.

Commissioner Chow raised a question on the multiyear approval for Catholic Charities when the amended Policy #24 is still in its implementation phase. There will be other Catholic Charities contracts calendared for the Budget Committee.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except #3.9, which was continued to September 21, 1999.

Note: Vice President Guy announced that the agenda will be adjusted with item #7 being heard prior to the Director's Report.

Additionally, Vice President Guy called on Shawn O'Hearn, a member of the HIV Prevention Planning Council and a person living with AIDS, for public comments. He raised the following issues: 1) the bathhouse issue will not go away, especially with the privacy issue; 2) the position of the Director of Prevention in the AIDS Office needs to be filled; and 3) critical of the Department's ad in the Bay Area Reporter on an outbreak of syphilis.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Mayor's Fiscal Advisory Committee (MFAC)

Barbara Garcia, Deputy Director of Health and Director of Population Health and Prevention, has been selected to receive the Public Managerial Excellence Award (MFAC) for Leadership this year. This prestigious award, sponsored by the San Francisco Chamber of Commerce, comes with a $1,500 cash prize and recognizes outstanding managers throughout the City and County of San Francisco. As the Health Commission is aware, Ms. Garcia has an extraordinary history of commitment, dedication and achievement in her tenure with the Department and to the residents of San Francisco. She will be honored at an Awards Ceremony on October 27th.

POPULATION HEALTH AND PREVENTION

New Adult Immunization Clinic to Open at 101 Grove St.

On September 1, the Communicable Disease Prevention Unit will open a new Adult Immunization Clinic here at 101 Grove St., Room 405. The Clinic will provide affordable vaccines, beginning with Hepatitis A and B. In the fall, we will also offer influenza and pneumococcal vaccines, with future plans for adding other immunizations and serological testing.

The Adult Immunization Clinic is in keeping with our Public Health Mission, but with some unique features: we will accept cash, credit and debit cards, but will not accept insurance. Our fees are highly competitive. Hep A is $42/dose and Hep B is $50/dose. (Compare with private providers and travel clinics charging $60-90/dose.) Discounts are available for students and City and County Employees with ID, and groups of 25 or more. Individuals who receive immunizations at this Clinic will be entered into the San Francisco Immunization Registry. This database will serve as a permanent record for Client's IZ records and will allow them to access this information from a centralized location.

As a special offer to the Health Commission (and all DPH employees,) the Adult Immunization Clinic staff invites you to join them for a special "run-through" session on Wednesday, August 25th, from 9:00 a.m. to 4:00 p.m., or Monday, August 30th, 9:00 a.m. – noon. Stop by the Clinic in Room 405 and receive a Hep A vaccine for $35 and/or Hep B vaccine for $42. You'll be protecting yourself against hepatitis and, at the same time, help us fine-tune our Clinic procedures before our opening on September 1st. The Clinic's phone number is 554-2625.

Mission Rock Closing September 15th

Due to lack of securing a new location and the need for the Giants to implement their lease agreement with the Port of San Francisco, Mission Rock Shelter will be closed by Wednesday, September 15, 1999. The night of September 14th will be the last night clients can stay at Mission Rock.

The City, in conjunction with DPH and DHS, will be master-leasing SRO's, securing mental health and substance abuse slots, and securing shelter beds to ensure that as many individuals as possible can transition in to new services.

We will continue to keep the Health Commission abreast of all developments in this transition.

Hepatitis C Resolution

On August 12th, the Board of Supervisors Public Health and Environment Committee passed a resolution directing the Department of Public Health to develop a plan of action to expand and coordinate—with local, state, and federal efforts—Hepatitis C prevention, education, and testing and to provide a status report within three months. The action plan will address the following areas:

coordinate—with local, state, and federal efforts—Hepatitis C prevention, education, and testing and to provide a status report within three months. The action plan will address the following areas: (1) Provider and public education; (2) Integrated and comprehensive medical services for at-risk populations, especially those who are injection drug users, homeless, mentally ill, or in the jails; (3) Integrated prevention and control activities to at-risk communities, including those served by HIV prevention services such as needle exchange programs; and (4) Coalition building and information dissemination within advocacy and support groups. Dr. Tomas Aragon, Director of Community Health Epidemiology and Disease Control, is leading our local efforts.

Grant for Methadone Program

The Center for Substance Abuse and Treatment/SAMHSA, through the General Acquisitions Branch/PSC, intends to award a sole source Simplified Acquisition to the Department for a Feasibility Study of our proposed Methadone by Physician Prescription (MPP) program. This one-year grant will allow us to conduct a fiscal analysis of the proposed project and many of its attendant issues, such as: reimbursement strategies, administrative costs, training, quality control procedures, database management and evaluation protocols.

STD Control - Syphilis Health Alert

During the past four weeks, the STD Program has identified a cluster of early syphilis cases among gay men in San Francisco that are meeting the majority of their partners through an AOL chat room. Specifically, we have identified five, and now possibly a sixth case of early syphilis, among white gay men in the City. Three of the five men are HIV positive and all report having unprotected anal and oral sex with their partners most of the time. The only locating information they have on most of their partners is their internet handle which makes locating these individuals extremely difficult and challenging.

Because syphilis elimination is a local and national priority, the STD Program has taken a very aggressive approach in handling these new infections which has included:

- Rapidly interviewing individuals reported as being infected with early syphilis and promptly investigating their sexual partners;
- Sending out a provider alert to physicians in San Francisco;
- Notifying the media of this potential syphilis outbreak and taking out a full page ad in the BAR to let as many at-risk individuals as possibly known about the situation and to urge them to be tested for syphilis as soon as possible;
- Working closely with community-based organizations to discuss ways of reaching this high risk population; and
- Meeting every two weeks with our STD Program Syphilis Rapid Response Team to discuss open cases and to brainstorm ways of locating and motivating persons exposed to, or at risk of, exposure to syphilis.

Childhood Lead Prevention Program

The August 12th issue of the SF *Chronicle* reported on problems with the Department of Building Inspection's enforcement of the 1998 ordinance concerning safe work practices on exterior lead paint. The Health Department's Childhood Lead Prevention Program, along with the Lead Hazard Reduction Citizen Advisory Committee, were instrumental in securing this legislation. The intent of the law is to prevent unnecessary contamination of lead-dust and debris generated by work performed on pre-1979

painting and renovation. As the *Chronicle* emphasized, this progress could be greatly undone if the Building Inspection Department is not able to follow through effectively with the most flagrant violators.

Senior Injury Prevention

The Health Promotion Section of CHP&P, with the assistance of the San Francisco Injury Center at SFGH, has prepared an update of its report, "Injuries to San Francisco Seniors: Defining the Problem and Prioritizing Prevention Strategies." This latest edition uses 1996 death and hospitalization data to examine the prevalence of injuries to older San Franciscans and the role of prevention programs. Injuries are a large, and frequently preventable, health problem for seniors, with falls, pedestrian injuries and self-inflicted injuries (suicide) as the major causes of death. The report is being distributed to senior-serving agencies and injury prevention programs.

CHIPPS, the Senior Injury Prevention Program in the Health Promotion Section of CHP&P, has received a grant award, jointly with UCSF, from the National Institutes of Health (NIH). This four-year funding will help to support home safety modifications for San Francisco seniors, while funding UC researchers to investigate how older people from different cultures think about their homes and their safety. It will help us to understand what the factors are which encourage seniors to make safety-related changes in their homes.

"Safe Communities" - Pedestrian Safety

The Health Promotion Section has received a "Safe Communities" planning grant from the State of California, under a joint program created by the California Department of Health Services and the California Office of Traffic Safety. This 18-month award will fund community-based planning efforts for injury prevention in the Mission and Tenderloin neighborhoods. The initial focus of the project will be on pedestrian safety, with the potential to expand into other community injury-prevention concerns. The goal is to prepare a strategic plan and funding application for implementation funding that the State proposes to release in about 18 months time.

Family Violence Prevention

On September 17th, the San Francisco Collaborative Organized to Prevent Abuse, (COPA), in conjunction with other DPH programs and community agencies, will hold a conference on domestic violence. "Behavioral Health and Domestic Violence: Creating Treatment Plans That Work," targets City-funded mental health, substance abuse or HIV-service providers, and focuses on the interplay between these conditions. The Conference is designed to help behavioral health providers to detect, intervene or refer domestic violence survivors and perpetrators. The model will include a cultural competence perspective, and workshops will develop protocols for domestic violence and behavioral health.

COMMUNITY HEALTH NETWORK

SF Superior Court Decided in the City's Favor

Last week, the San Francisco Superior Court decided in the City's favor, dismissing two citations issued by the State Department of Health Services (DHS) against Laguna Honda Hospital (LHH). The Superior Court judges rejected DHS's contention that LHH provided insufficient supervision and inadequate care planning and found that LHH acted reasonably. Because violations were not established, the penalties assessed by DHS were rendered moot and will not be imposed.

The City Attorney's Office worked with LHH administration and clinicians in successfully defending these cases.

Maxine Hall Center Awarded a Grant

In continuing our focus of domestic violence as a public health issue, the California Endowment, through the Family Violence Prevention Fund, recently awarded a $25,000 grant to the Maxine Hall Health Center. The Center intends to improve its clinical response to domestic violence and develop prevention strategies and programs. In addition, MHHC will be housing the "It's Your Business Project". The project, which was kicked- off last month by Representative Barbara Lee, is a national program aimed at reducing domestic violence in the African-American community. Leigh Kimberg, M.D. is leading these efforts on behalf of the Department.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR AUGUST 1999

On behalf of the Commission, Vice President Guy presented the Employee Recognition Awards to:

Individual Nominee	Division	Nominated by
Lily Xu	PH&P – AIDS Office, Business and Operations Unit	Gail Tang and Carlos Rendon

# 1 Team Nominees	Division	Nominated by
Clinic Management	PH&P - Chinatown Public Health Center	Madeline Ritchie, Center Director
Dr. Alex Moy	" "	
Jimmy Yan	" "	
Kit Chan	" "	
Lily Loo		

# 2 Team Nominees	Division	Nominated by
Women's Care Navigators	PH&P - Breast and Cervical Cancer Services	Robin Whidden, N.P.
Alanna Ortega	" "	
Barbara Cicerelli	" "	
Esther Thack	" "	
Sonia Tuthill	" "	

6) QUARTERLY UPDATE ON Y2K COMPLIANCE

Monique Zmuda, Chief Financial Officer, provided an update on the activities of the Department of Public Health Y2K Compliance Committee and coordination efforts with the Citywide Y2K Program Management Office. For a copy of the full report, call the Commission Office at 554-2266.

The quarterly report summarizes the Department's implementation of the Y2K plan to date, and focuses information on remediation efforts of non-compliant systems.

Ms. Zmuda will bring another update to the Commission in November.

Commissioners' Comments:

- This is an extensive and comprehensive report
- The Department was asked if any additional training costs for staff would be needed
- The Department was thanked for including the payroll system
- The airport medical clinic is included

Vice President Guy requested another update on November 2, 1999.

7) **OVERVIEW OF THE DEPARTMENT OF PUBLIC HEALTH MILLENNIUM EVENT PLANNING**

Barbara Garcia, Deputy Director of Health and Director of Population Health and Prevention, gave an overview of planning efforts to ensure a smooth transition from the 20th to the 21st century. Preparations are taking place at a citywide level with the Police Department as the lead agency, working through the Mayor's Office of Emergency Services to ensure all city Department participate in planning efforts. Department of Public Health preparations are occurring both at a Departmentwide level and at an incident responses level. Planning for the "Mellow Millennium" celebration covers four days from December 30, 1999 through January 2, 2000.

A copy of the full report is available in the Commission Office. All City employees may be called on during the millennium by the Mayor to act as Disaster Workers in the event of need.

The Office of Emergency Services will activate the Emergency Command Center at 1011 Turk Street on December 31, at 3:00 p.m. Staff from DPH as well as other City Departments will person the Emergency Command Center throughout the millennium weekend. At this point DPH is proposing 12-hour shifts at the Center, which will act as the focal point for Citywide information gathering and dissemination.

Vice President Guy asked how the City will pay for these planning efforts. The Mayor will be fund raising.

Ms. Garcia thanked Chris Wachsmuth and Anne Kronenberg for their leadership in the millennium event planning. The Department will come back in November for another update.

8) **CONTINUATION OF DISCUSSION AND CONSIDERATION OF A RESOLUTION ESTABLISHING POLICY AND BUDGETARY SUPPORT FOR EVIDENCED-BASED, COMMUNITY-DRIVEN PRIMARY PREVENTION**

As a follow-up to the Primary Prevention presentation in June, Dr. Katz presented a revised resolution for consideration. He thanked Commissioner Parker for taking the lead on this issue.

Commissioner Parker expressed his approval of the resolution and thanked his colleagues on the Commission, Dr. Katz, Dr. Meredith, Cynthia Selmar, Jimmy Loyce, Barbara Garcia and Sandy Mori.

Public Speakers: supported the proposed revised resolution

Basheem Allah, Southeast Alliance for Environmental Justice
Beverly Rashidd, Booker T. Washington Center

Commissioner Chow, acknowledging the FY 1999-00 DPH budget allocates $18.8 million to prevention, stated that out of a total Department budget of over $800 million, this is not enough for prevention. He would like to know that we are effectively using current dollars by utilizing criteria to determine success of existing programs. He emphasized that the African American Health Initiative needs to be a part of the policy direction.

Commissioner Parker commented that grants have not been forthcoming for the African American Health Initiative due to lack of commitment from the Department.

Commissioner Umekubo expressed his support for this new direction in the resolution and the timeliness of the resolution for our Department Strategic Planning.

Commissioner Sanchez thanked Commissioner Parker for his persistent focus on prevention and the inequities in health care.

Action Taken: The Commission unanimously adopted Resolution #25-99, "Establishing Policy and Budgetary Support for Evidence-Based, Community-Driven Primary Prevention," (Attachment A).

Vice President Guy thanked the staff for the evolvement of this resolution, with input of the staff, the Commission, and the community. She observed the process as a true consensus – building process evolving into the final resolution. She appreciates this process as the way to develop health policy.

9) OTHER BUSINESS/PUBLIC COMMENTS

Gilbert Criswell, Channel 53 freelance writer, raised the issue that the Health Commission meetings should be televised for public access purposes; questioned the targeting of gay men and the gay press in an ad in the Bay Area Reporter regarding syphilis; and questioned the lateness of the Department of Public Health STD Annual Report.

Michael Petrelis, Accountability Project, commented that the Annual STD Report is three months late and asked when will be report be released. He also requested the results of the Explore Project, targeting gay men in San Francisco, be presented and explained to the gay community.

The meeting was adjourned at 5:00 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 26-99

ESTABLISHING POLICY AND BUDGETARY SUPPORT FOR EVIDENCE-BASED, COMMUNITY DRIVEN PRIMARY PREVENTION

WHEREAS, it is the Mission of the Department of Public Health to protect and promote the health of all San Franciscans; and,

WHEREAS, one of the cornerstones of public health is population-based prevention; and,

WHEREAS, assessment of the burden of disease and injury in San Francisco indicates that a high proportion of injuries, illnesses and deaths are preventable; and,

WHEREAS, effective primary prevention is designed to avoid illnesses and injuries before they occur; and,

WHEREAS, there are significant disparities in health status between ethnic groups in San Francisco. In particular, African American mortality rates for all causes of death are significantly higher than the premature death rates of any other group for both sexes; and,

WHEREAS, prevention approaches that are grounded in community planning and focused on the causal risk factors underlying the leading causes of mortality are effective, as demonstrated by the reduction of HIV transmission, the reduction of tobacco and alcohol use/abuse, the reduction of injuries associated with violence, falls and traffic; and,

WHEREAS, a reduction of injury, illness and premature death will reduce costs associated with health care, disability or inability to work, and will improve the social, health and economic conditions of all San Franciscans; and,

WHEREAS, the level of current funding for population-based primary prevention is inadequate relative to the magnitude of preventable injuries and illnesses; and the medical costs associated with such conditions; and,

WHEREAS, prevention programs must demonstrate flexibility, creativity, innovation, and accountability to cost-effectively reduce the current volume of injuries and illnesses; now, therefore, be it

RESOLVED, that the Department will identify primary prevention priorities, including primary prevention for the African American community, as the number one priority for new General Fund in fiscal year 2000-20001, with a minimum request of $500,000; and, be it

FURTHER RESOLVED, that the Department will immediately investigate opportunities to sponsor school-based essay contests, posters, and newspaper articles to support primary prevention; and, be it

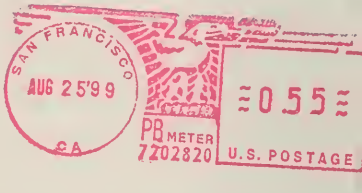
FURTHER RESOLVED, that the Department's Strategic Planning will identify primary prevention priorities, program activities with appropriate funding attached, and performance measures, so as to promote the best possible state of physical and mental health for all San Franciscans.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, August 17, 1999.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
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Sandy Ouye Mori
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AUG 26 1999

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AGENDA

HEALTH COMMISSION MEETING

August 31, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING AUGUST 17, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH Administration** – Annual report of gifts received in FY 1998-99.

(3.2) **PHP-CHS-Nutrition Services** – Request for approval to accept and expend a new grant, the Nutrition Network Project, from the California Department of Health Services, in the amount of $158,395, to provide nutrition education and physical activity interventions, for the period of October 1, 1999 through September 30, 2000.

(3.3) **PHP-CHS-HIV Services** – Request for approval to accept and expend a new one-time allocation from the California Department of Health Services, Office of AIDS, in the amount of $171,002, to be used for costs associated with the administration of the AIDS Drug Assistance Program enrollment, screening and recertification processes, for the period of July 1, 1999 through June 30, 2000.

(3.4) **PHP-CHS-HIV Prevention** – Request for approval to accept and expend a new two-year grant from the University of California Universitywide AIDS Research Program, in the amount of $145,421, to collaborate in a study of the policy influence of HIV prevention community planning groups in California, for the period of July 1, 1999 through June 30, 2001.

(3.5) **PHP-CHS-HIV Prevention** – Request for approval of renewal contract with Stop AIDS Project (SAP), in the amount of $151,246, for the provision of condom distribution services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SAP for services totaling $793,094 during FY 1998/99).

(3.6) **PHP-CHS-HIV Prevention** – Request for approval of renewal contract with the Regents of the University of California (UCSF) through the AIDS Health Project, in the amount of $436,560, for the provision of HIV counseling, testing and referral/partner counseling and referral services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998/99).

(3.7) **PHP-CHS-HIV Prevention** – Request for approval of renewal contract with the Regents of the University of California (UCSF) through the AIDS Health Project, in the amount of $98,089, for the provision of Prevention Provider Training services targeting SFDPH Prevention Section-funded prevention professionals who provide HIV risk assessment and disclosure counseling to clients with or at risk for HIV infection, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998/99).

(3.8) **PHP-CHS-CMHS** – Request for approval of multiyear renewal contract with the University of California Clinical Practice Group (UCSF/CPG), in the amount of $3,004,394 per year, for the provision of: 1) Mental Health Case Management Services, 2) HIV Mental Health Services and 3) Jail Psychiatric Services for the period of July 1, 1999 through June 30, 2002. The Jail Psychiatric Services to begin November 1, 1999 and to be funded through the Board of Corrections' Mentally Ill Crime Reduction grant through June 30, 2002, in the amount of $1,112,000, per year. (DPH contracted with UCSF/CPG for services totaling $2,793,130 during FY 1998/99).

(3.9) **PHP-CHS-CMHS** – Request for approval of new contract (Cooperative Program Agreement) with California Department of Rehabilitation, San Francisco District, in the amount of $114,000, to enable San Francisco to leverage Federal/State vocational rehabilitation funds of $411,484, which will provide vocational rehabilitation services targeting people with HIV/AIDS seeking to enter or re-enter employment for the period of October 1, 1999 through June 30, 2000.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **MONTHLY UPDATE ON DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING**

6) **UPDATE ON IMPLEMENTATION OF AMENDED POLICY #24: CONTRACTORS' COMPLIANCE WITH ANTIDISCRIMINATION PROTECTIONS AND CULTURAL COMPETENCY**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

8) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

B. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.10(b)

PUBLIC EMPLOYEE PERFORMANCE EVALUATION

DIRECTOR OF HEALTH: MITCH KATZ, M.D.

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION: SANDY OUYE MORI

C. RECONVENE IN OPEN SESSION:

VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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ADDENDUM TO HEALTH COMMISSION AGENDA

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AUG 26 1999

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Tuesday, August 31, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

9) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9, AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b)

CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:

SETTLEMENT OF $60,000 PLUS HEALTH CARE COVERAGE FOR MICHAEL LIAS VS CCSF, COMPLAINT FOR DISABILITY DISCRIMINATION, PURSUANT TO GOVERNMENT CODE SECTION 54956.9(b)(3).)

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Lee Ann Monfredini
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, August 31, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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SEP 17 1999

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Roma Guy at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 17, 1999.

Action Taken: The Commission unanimously adopted the minutes of August 17, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **DPH Administration** – Annual report of gifts received in FY 1998-99.

(3.2) **PHP-CHS-Nutrition Services** – Request for approval to accept and expend a new grant, the Nutrition Network Project, from the California Department of Health Services, in the amount of $158,395, to provide nutrition education and physical activity interventions, for the period of October 1, 1999 through September 30, 2000.

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

Commissioner Chow commended Monique Zmuda, Chief Finance Officer, and her contracts staff for the revised contract summary form for the Budget Committee.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Congratulations to Rolando Bonilla, Central Administration staff, who was appointed by Supervisor Gavin Newsom to serve the Youth Commission for the 1999-2000 session. The purpose of the 17-member Youth Commission is to develop policy that will directly affect the children and youth of San Francisco. It also acts as liaison between the community and City Hall as well as advises the Mayor and the Board on legislation that might have impact with the youth of San Francisco.

POPULATION HEALTH AND PREVENTION

National HIV Prevention Meeting at CDC

The Centers for Disease Control convened a national HIV Prevention meeting in Atlanta. Several members of our staff including Larry Meredith, Ph.D., the head of our Prevention Unit are attending the meeting. The meeting is an opportunity for HIV Prevention leaders to review the epidemiology of HIV/AIDS and use the data to design interventions to decrease the number of new AIDS cases.

The August 31 morning newspaper covered the opening presentation at the meeting. At the opening, the number of AIDS deaths over the past several years was discussed. After examining the national data, as well as our local data, Dr. Katz believes this morning's newspaper coverage exaggerated the significance of the plateau in the decrease in the rate of AIDS deaths. The national data show that the number of AIDS death in 1996-97 was 21,222 a 42% decline from the number of deaths in 1995-96 when the number of deaths was 36,792. In 1997-98 there were 17,047 deaths, which was a 20% decrease from 1996-97. The newspaper coverage suggested that these decreases in the percentage decline may reflect that we have already seen most of the benefits of protease inhibitors.

Following is the number of deaths for the similar period in San Francisco.

	1995	1996	1997	1998	Projected 1999
Number of AIDS Cases	1678	1118	360	304	230
% Decrease	33%	68%	16%	25%	

As you can see, San Francisco also had a much larger decline of deaths between 1997 and 1996, and between 1998 and 1997. However, it is unmistakable that the number of deaths keep decreasing. It would be highly improbable that we could continue to see decreases the size of 68% in San Francisco as we've seen between 1996 and 1997 each year. We know that protease inhibitors are not a cure. They do not work for everyone, in some people resistance develops, and some persons have side effects that preclude them from taking protease inhibitors. The fact that AIDS deaths continued to decrease should give us increased motivation to make sure that everyone benefits from antiretroviral drug combinations by increasing the number of people who are HIV positive who know they are positive (through increased voluntary HIV testing) and increase in programs that address access and adherence to treatments (for example HIV Action Point Center).

Food Handler Training Program

Beginning January 1, 2000, all food facility owners or operators will be required to have at least one person on staff who has completed and successfully passed the certified food handler training program and exam. The new requirement is a statewide mandate of the California Food & Safety Law. Facilities who do not comply with the new State regulation face closure.

To help food facilities meet the deadline, the Department of Public Health will be offering low-cost food handler training classes in English, Spanish, Cantonese and Mandarin. Training will begin September 1, 1999. The eight-hour training classes will cost $89 per person. Once an individual becomes certified, they will be required to re-certify every three years.

Mental Health

The Mental Health Services Section is sponsoring a series of community meetings to gain input on priorities to implement the Single Standard of Care funds provided by the Board of Supervisors this year. These meetings will provide input to the development of an RFP to distribute the $1.3 million in the 1999-00 budget. As you know, the Health Commission endorsed the Single Standard of Care Policy when the city implemented the Mental Health Managed Care Plan in April 1998.

Community Health Promotion and Prevention

Dr. Katz announced the publication of a new book by Brian Katcher, Public Health Pharmacist with Community Health Promotion and Prevention. Brian's book, *MEDLINE: A Guide to Effective Searching,* is an explanation of how to make the best use of MEDLINE, the National Library of Medicine's premiere bibliographic database. The book has received support from leaders in Public Health including, past Health Commissioner Phil Lee. Congratulations to Brian.

COMMUNITY HEALTH NETWORK

Primary Care

The CHN, through a recent formation of a Primary Care Management task force, is working to improve our mammography rates and cervical cancer screening for 1999-2000. We hope to duplicate the highly successful Immunization Shoebox model that dramatically increased last year's immunization rates for children at CHN primary care clinics.

Maxine Hall Health Center was recently awarded a $5,000 grant by the West Bay Breast Cancer Partnership (UCSF, Institute For Health and Aging) to focus on mammography re-screening rates for women over 50. This funding will help develop a viable model which can be adapted at all sites over the next year.

Our goal is to achieve Healthy People 2000 goals in both mammography and cervical cancer screening.

New Associate Administrator at Laguna Honda Hospital.

Dr. Katz congratulated Mivic Hirose, RN, MS, on her new appointment as Associate Administrator at Laguna Honda Hospital. Mivic currently serves as the Director of Medical Surgical Nursing at San Francisco General Hospital. Prior to her role as Director, she served as a clinical nurse specialist for 15 years at San Francisco General Hospital. Her operational understanding of numerous departments within San Francisco General Hospital will aid in further strengthening the Community Health Network as she assumes her new position at Laguna Honda Hospital.

President Monfredini thanked Vice President Guy for chairing the past two Commission meetings. She also congratulated Rolando Bonilla on his new appointment to the Youth Commission.

Commissioner Parker asked for clarification on AIDS statistics and the food handler training program.

Commissioner Chow asked how the Department is responding to the new population of HIV infected individuals. He requested AIDS statistics reports. Dr. Katz reviewed our present programs but indicated our current programs are not decreasing the rates of infection. The

Department of Public Health is locating new areas to do intervention. The message is to get treatment for HIV infections.

Commissioner Hill commented on the alarming yet sad increase in unsafe sex among young gay men.

Public Speaker: Michael Petrelis, AIDS Accountability Project, commented on the Annual STD Report being late and that he is not seeing an increase of STD in the gay community.

5) MONTHLY UPDATE ON DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING

Tangerine Brigham, Director of Policy and Planning, presented an update that included a proposed committee structure (Attachment A), the divisional planning priorities, data and information needs, and a web site development. For a copy of the full report, contact the Commission Office at 554-2666.

Ms. Brigham also reviewed the proposed process for inclusions of a strategic approach to financing issues for 2000-01 into a budget development process, (Attachment B).

Ms. Brigham reported that each of the divisions – Population Health and Prevention and the Community Health Network – have developed long term working priorities which support this strategic planning process. They are as follows:

Population Health and Prevention (PHP)

- Prevent injury and illness through primary prevention activities
- Respond to the health needs of communities and populations at particular risk for adverse health outcomes (i.e., African American, homeless)
- Respond to health issues that cut across communities (e.g., substance abuse, violence)
- Ensure efficient, effective and accountable programs and services (this refers to PHP and contractors)

Community Health Network (CHN)

- Deliver care in the context of the public health mission to provide quality, comprehensive, culturally-proficient health services
- Continually strive to improve customer service by being patient-focused and supporting staff
- Strengthen integration with the CHN to better serve patients
- Invest in infrastructure and maximize the revenue base in order to ensure that the CHN can provide the most cost-effective care based on health outcomes
- Comply with licensure and regulatory requirements

For Central Administration, the working priorities are:

- Strengthening infrastructure with the Department
- Ensure adequate funding for the Department by maximizing revenues

Commissioners' Comments:

- Encouraged the Department to include a mechanism in the strategic planning process where an executed action would trigger another action and also indicate where something is not working

- Stated the core of public health is quality health care for indigents and that universal health care is to be considered as part of the strategy

- Requested the Department to include the input of stakeholders, the existing reports and data, and community input through the PHP and CHN planning efforts

- The inclusion of professional medical/clinical leadership is needed

The next update will be scheduled for September 21, 1999.

6) UPDATE ON IMPLEMENTATION OF AMENDED POLICY #24: CONTRACTORS' COMPLIANCE WITH ANTIDISCRIMINATION PROTECTIONS AND CULTURAL COMPETENCY

Norm Nickens, Deputy Director of EEO, Affirmative Action and Cultural Competency, provided an update on the implementation of the Commission policy on antidiscrimination and cultural competency, (Attachment C).

President Monfredini encouraged the Department to maintain the high priority and quality on cultural competence with training of Board and staff.

Commissioner Guy commended the approach to cultural competency by looking at national standards and Department internal existing standards (i.e., mental heath cultural competency criteria). She encouraged the Department to pay attention to the format in the Commission Budget Committee documents and get feedback from the Commission Budget Committee.

Commissioner Chow acknowledged the "Cultural and Linguistic Competence Standards and Research Agenda Project," DHHS Office of Minority Health, 1999. He pointed out the importance of validating culturally competent care that has come from the community. He also feels that while patient satisfaction is an important standard, there are potential fallacies in the instruments used. We need to improve these instruments to include cultural sensitivity. There may be different ways to survey different ethnic patient groups. Commissioner Chow also requested the Department's Civil Service programs be in compliance with the Commission policy.

Commissioner Hill complimented everyone involved with this implementation. It is an excellent start with many challenges.

Commissioner Parker is pleasantly surprised that the Department is pulling this together. He promotes cultural competence in an effective way; and our policy should be a role model.

7) PUBLIC COMMENTS

Michael Petrelis, AIDS Accountability Project, stated the Department is giving confusing information to the gay community and recommended public meetings with the gay community,

the dissemination of the annual STD Report, and the presentation of scientific facts to the gay community.

8) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

The Commission went into closed session at 5:05 p.m.

B. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.10(b)

PUBLIC EMPLOYEE PERFORMANCE EVALUATION

DIRECTOR OF HEALTH: MITCH KATZ, M.D.

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION: SANDY OUYE MORI

The Commission came out of closed session at 6:00 p.m.

C. RECONVENE IN OPEN SESSION:

VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Action Taken: The Commission voted not to disclose any discussions held in closed session.

9) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action taken: The Commission voted to hold a closed session to confer with legal counsel.

The Commission went into closed session at 6:04 p.m.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9, AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b)**

CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION:

SETTLEMENT OF UP TO $98,000, INCLUDING HEALTH CARE COVERAGE, FOR MICHAEL LIAS VS CCSF, COMPLAINT FOR DISABILITY DISCRIMINATION, PURSUANT TO GOVERNMENT CODE SECTION 54956.9(b)(3).)

The Commission came out of closed session at 6:16 p.m.

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

Action Taken: The Commission approved the proposed settlement of up to $98.,000 (contingent upon the City's obligation to pay for Plaintiff's health benefits.)

Commissioner Hill abstained on this item.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

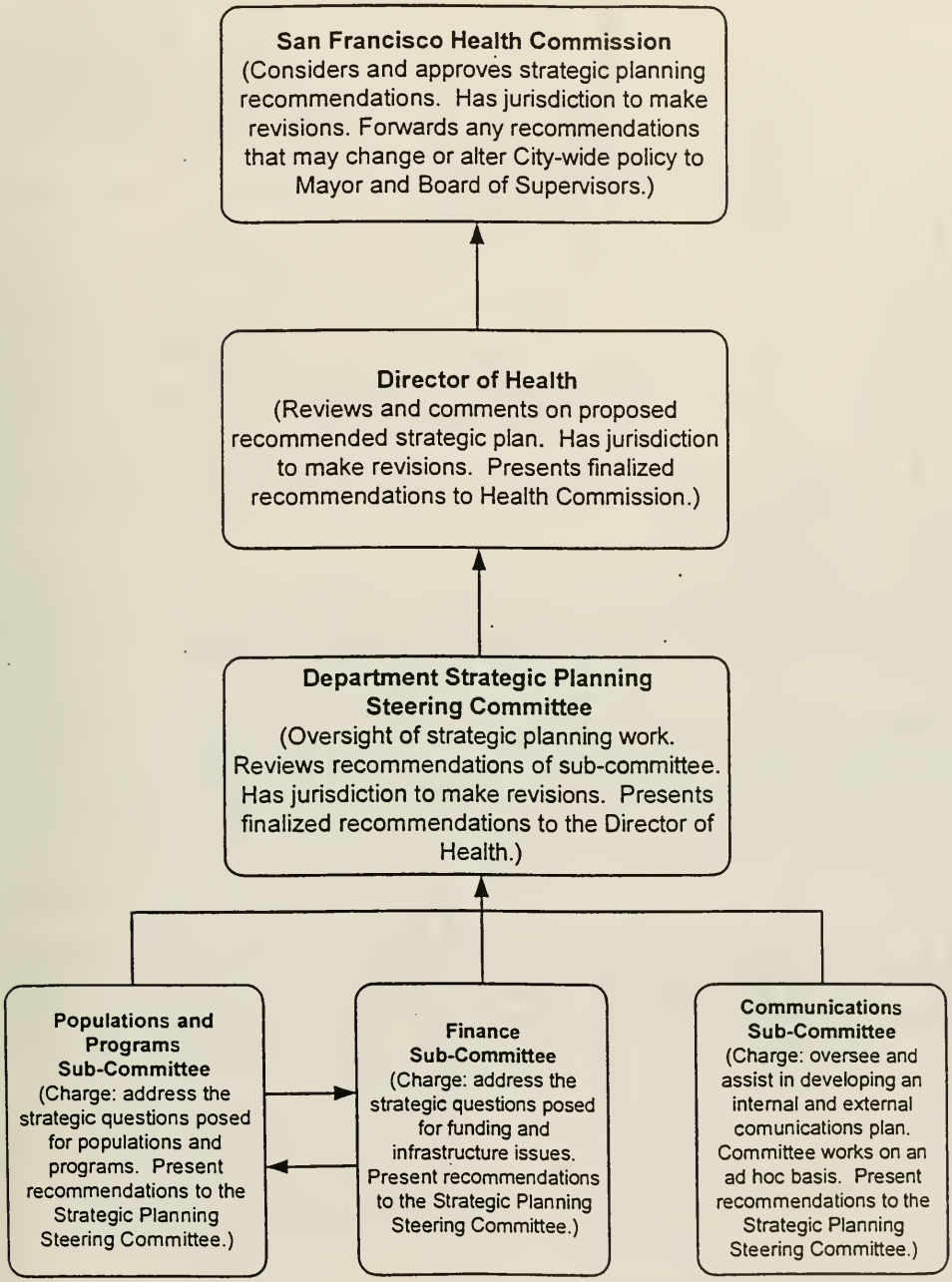
Action Taken: The Commission voted not to disclose any discussions held in closed session.

The meeting was adjourned at 6:17 p.m.

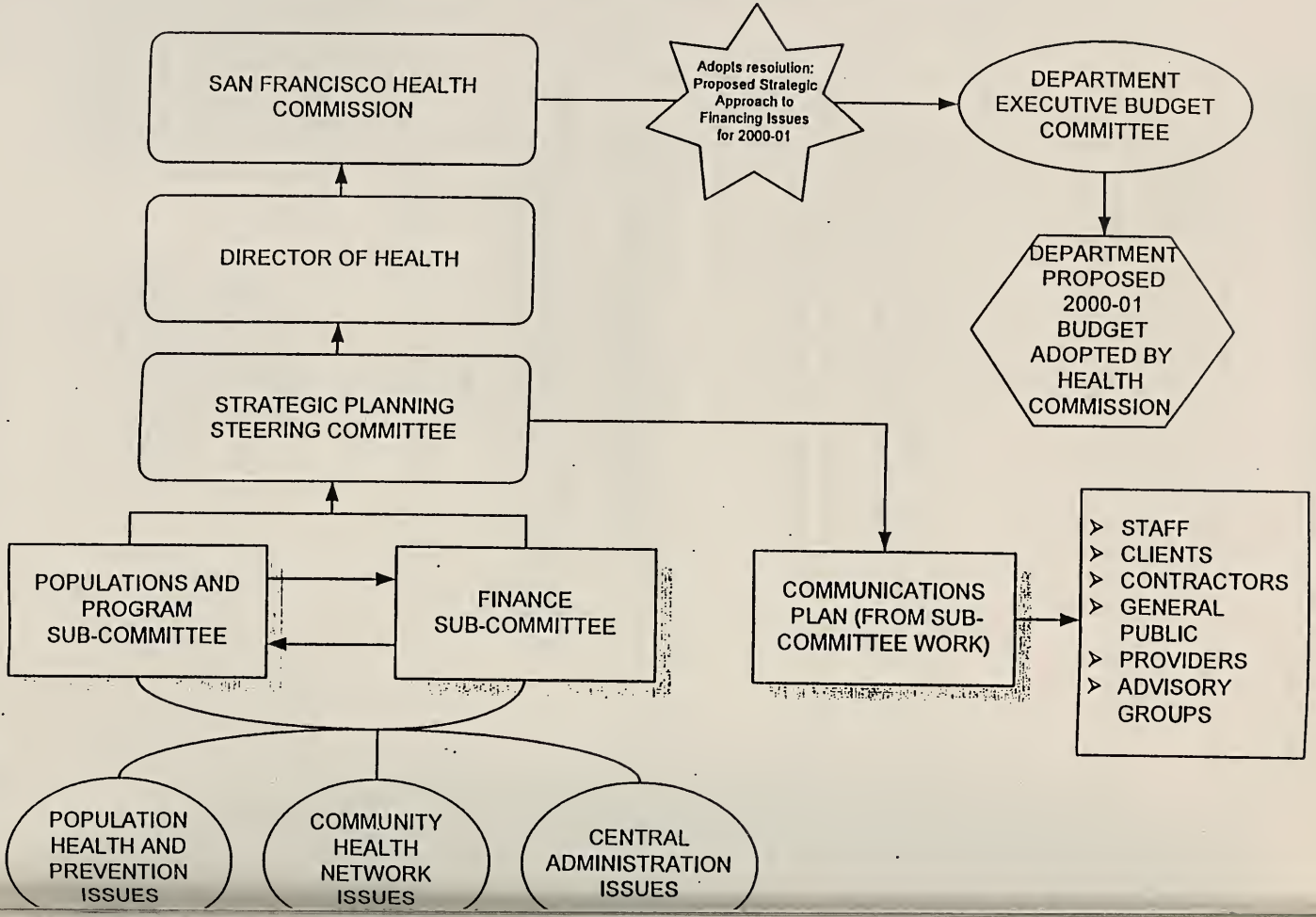
Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
STRATEGIC PLANNING COMMITTEE STRUCTURE


San Francisco Health Commission
(Considers and approves strategic planning recommendations. Has jurisdiction to make revisions. Forwards any recommendations that may change or alter City-wide policy to Mayor and Board of Supervisors.)
Director of Health
(Reviews and comments on proposed recommended strategic plan. Has jurisdiction to make revisions. Presents finalized recommendations to Health Commission.)
Department Strategic Planning Steering Committee
(Oversight of strategic planning work. Reviews recommendations of sub-committee. Has jurisdiction to make revisions. Presents finalized recommendations to the Director of Health.)
Populations and Programs Sub-Committee
(Charge: address the strategic questions posed for populations and programs. Present recommendations to the Strategic Planning Steering Committee.)
Finance Sub-Committee
(Charge: address the strategic questions posed for funding and infrastructure issues. Present recommendations to the Strategic Planning Steering Committee.)
Communications Sub-Committee
(Charge: oversee and assist in developing an internal and external comunications plan. Committee works on an ad hoc basis. Present recommendations to the Strategic Planning Steering Committee.)

PROPOSED PROCESS FOR INCLUSION OF STRATEGIC APPROACH TO FINANCING ISSUES FOR 2000-01 INTO BUDGET DEVELOPMENT PROCESS



San Francisco Department of Public Health
Population Health and Prevention Division
Community Health Services Branch

August 31, 1999

TO: Health Commission

THROUGH: Mitch Katz, M.D.
Director of Health

FROM: Norm Nickens, Deputy Director
EEO, Affirmative Action, and Cultural Competency

RE: Implementation of *Contractors' Compliance with anti-Discrimination Protections and Cultural Competency*

Cultural competency and non-discrimination are essential requirements for health care providers to provide effective services to diverse populations. While no national standards currently exist for the provision of culturally competent services, various public health and accrediting bodies have developed criteria related to cultural competency. The Office of Minority Health, United States Department of Health and Human Services has recently begun a project to review existing cultural competency standards. The goal of this project is to develop recommendations for national standards that could be used by providers, public health agencies and accrediting bodies. A summary of their current draft recommendations is provided as **Attachment "A"**, the full text has been provided to the Commission under separate cover. These proposed standards provide an excellent conceptual framework for future development and implementation of local cultural and linguistic competency requirements. The Office of Equal Employment Opportunity, Affirmative Action and Cultural Competency (EEO) is currently in the process of collecting criteria that have been developed by other public health agencies and accrediting bodies.

Existing DPH Policies and Procedures:

The most comprehensive set of cultural competency standards currently in place within the San Francisco Department of Public Health are part of the Mental Health Plan. The San Francisco Mental Health Plan, which was implemented on April 1, 1998, is required by the State Department of Mental Health to establish a Cultural Competence Plan for achieving cultural and linguistic competency under consolidation of specialty mental health services for Medi-Cal beneficiaries. Agencies funded by Community Mental Health Services are currently involved in actively implementing these requirements. The State plan is also one of the models that were reviewed by the Office of Minority Health.

The Plan defines cultural competence as:

> "A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals that enable them to work effectively in cross-cultural situations."

"A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals that enable them to work effectively in cross-cultural situations."

The Plan further identifies cultural competency in the setting of mental health as referring to the valuing of diversity and the ability to provide help to different ethnic, cultural, linguistic and special population groups, in ways which they each perceive and experience as helpful and effective. Finally, the Plan notes that "a system of care which is culturally competent strives to be accessible to all groups and makes available program models which consider differences in cultural values, languages, help seeking strategies, communication patterns and behavioral styles of those being served."

As part of implementing the Plan, Community Mental Health has adopted a set of general principles for designing and developing culturally competent programs; the principles were originally formulated in 1993. The basic principles are:

- A culturally competent system of care provides a comprehensive range of integrated and coordinated services and has the capacity to assist and relate to other systems relevant to the client's needs including housing, social and vocational services.
- The cultural diversity of consumer groups is acknowledged and services are planned and designed in partnership with those who should benefit from the services provided.
- Culturally competent systems of care acknowledge and work in conjunction with the natural and informal support networks of consumers and their communities.
- The family, as defined by each culture, is a primary system of support and is therefore incorporated into the treatment plan of those served.
- Culturally competent systems of care provide language and cultural accessibility at all points of contact.
- The staffing of a culturally competent system of care is made of individuals proficient in serving diverse client populations.
- Culturally competent systems of care allocate resources for outreach, prevention and health promotion as defined by each culture.

The HIV Prevention Planning Council and Treatment on Demand Planning Council have also been examining the possibility of establishing cultural competency requirements. In 1997 the HIV Prevention Council adopted a set of 25 Principles of Cultural Competency. These principles are currently considered as part of the annual program monitoring report for HIV prevention contracts. The HIV Prevention Planning Council was scheduled to test a provider cultural competency self-assessment tool in FY 1999 – 2000. The implementation of this self-assessment has been temporarily postponed until the Council has an opportunity to review the Department's proposed implementation of the revised policy on *Contractors' Compliance with anti-Discrimination Protections and Cultural Competency.* The Deputy Director for EEO, Affirmative Action, and Cultural Competency has met with the Council to discuss this issue and to facilitate the development of a consistent implementation strategy.

The Treatment on Demand Planning Council has discussed adopting similar requirements, and has adopted a requirement that contractors demonstrate their ability to provide cultural competent services in proposals (RFP's) for new services. All applicants for new services are required to respond to the following:

1. How do your organizational policies, program philosophies and mission statements reflect value for cultural competency throughout your organization.
2. Describe how issues regarding cultural competence will be handled as deficiencies or problems are identified and what quality assurance techniques will be used on an ongoing basis to assure continual improvement.
3. Describe what roles client self-determination and family participation will play in treatment planning.
4. When outlining you program design and the services that will be provided, describe how the principles of cultural competence will be integrated into the delivery system.

Finally, the Emergency Medical Services Agency (EMS) has recently begun to examine the issue of cultural competency. The Deputy Director for EEO is working with the EMS staff to develop a process to help identify and address issues of cultural competency within EMS.

Health Commission Policies:

At its meeting of March 16, 1999 the Health Commission adopted the attached policy on *Contractors' Compliance with anti-Discrimination Protections and Cultural Competency.* This policy is a substantial revision of prior policies. The policy was augmented on July 6, 1999 when the Health Commission adopted a resolution supporting the recommendations of the Family Focused Care Committee of the Children's System of Care Planning Council, including the recommendation that the Department "integrate these principles into its cultural Competency Policies and Guidelines, and utilize these principles when developing and evaluating criteria for programs serving parents, caregivers, children, youth and their families."

Timeline for Implementation:

Immediately following the adoption of the revised policy a departmental workgroup consisting of program managers and contract managers was convened to develop additional guidance and to monitor the implementation of the new policy. The City Attorney's Office and DPH Office of Women's Services have also assisted the activities of the workgroup.

With the assistance of the Office of Contracts Management the workgroup developed a voluntary self-assessment tool to assist contractors in reviewing their current level of compliance with the policy. A copy of the policy and worksheet to assist contractors in their self-assessment process was mailed to all current departmental contractors on April 21, 1999. Contractors were encouraged to submit all currently available information that reflects their cultural competency, including information on their current programs, training, and planning. Contractors were also encouraged to contact the Deputy Director for Community Health Services with questions or concerns regarding the revised policy.

For FY 1999 – 2000 the following timeline is in effect:

May	allow contractors and department staff to respond with questions to the new policy;
June	review and resolve concerns raised by contractors or staff;
July	review similar policies developed by other agencies and develop detailed training and implementation materials;
August	present a preliminary report on implementation to the Health Commission;
September	conduct a series of training sessions for department and contractor staff;
November	collect self-assessment progress reports from contractors;
December - March	review self-assessment reports and provide technical assistance to contractors;
June	submission of contractors cultural competency plans on or before June 30, 2000.

An initial training has been scheduled for department staff on September 3 and for contractors on September 10, 1999. An additional training for both contractors and staff has been scheduled for September 17th. A copy of one of the training documents is attached as **Attachment "D".**

In preparation for the training sessions, meetings were held with the Community Substance Abuse Services Contractor's Association on August 9, the HIV Contractors Association on August 11, and the HIV Prevention Planning Council on August 12.

In order to ensure full and consistent implementation of the Commission's cultural competency requirements, responsibility for implementation will be centralized under the newly created position of Deputy Director for EE0, Affirmative Action, and Cultural Competency. This is consistent with the draft recommendations from the Office of Minority Health that healthcare providers "have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures and designated staff responsible for implementation." This will also allow the review of compliance with the American's with Disability Act requirements for contractors as part of the review of Cultural Competency Plans.

Cultural Competency plans for contractors and departmental programs will be reviewed first by the program managers assigned to each contract or MOU and then forwarded to EEO/CC. The Deputy Director of EEO/CC will coordinate the provision of technical assistance and training, as well as providing an agency level (as opposed to program level) review of all plans. The Deputy Director for EEO/CC will also assist in the integration of existing, or proposed, cultural competency requirements under development by the San Francisco Mental Health Plan, Treatment on Demand Planning Council and the HIV Prevention Planning Council.

In FY 2000 – 2001 the following timeline will be in effect:

July	the Department presents an annual report to the Health Commission on the provision of culturally competent services, including issuing revised guidelines based on experience in implementing the current policy.
August	the Department conducts an annual training for staff and contractors on the provision of culturally competent services.
September - December	Annual monitoring of programs, including review for compliance with cultural competency requirements and achievement of objectives established in agency plan for FY 1999 - 2000.
January - March	Provision of technical assistance to agencies as identified by the annual monitoring process.
June	Submission of Cultural Competency Plan and objectives for FY 2001 – 2002.

RECOMMENDED STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH CARE SERVICES

Based on an analytical review of key laws, regulations, contracts, and standards currently in use by federal and state agencies and other national organizations, these guidelines were developed with input from a national advisory committee of policymakers, providers, and researchers. In this report, each standard is accompanied by commentary that addresses its relationship to existing laws and standards, and offers recommendations for implementation and oversight to providers, policymakers, and advocates.

Preamble:

Culture and language have considerable impact on how patients access and respond to health care services. To ensure equal access to quality health care by diverse populations, health care organizations and providers should:

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other in a culturally diverse work environment.

2. Have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.

3. Utilize formal mechanisms for community and consumer involvement in the design and execution of service delivery, including planning, policy making, operations, evaluation, training and, as appropriate, treatment planning.

4. Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.

5. Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery.

6. Provide all clients with limited English proficiency (LEP) access to bilingual staff or interpretation services.

7. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive interpreter services free of charge.

8. Translate and make available signage and commonly-used written patient educational material and other materials for members of the predominant language groups in service areas.

9. Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters. Family or friends are not considered adequate substitutes because they usually lack these abilities.

10. Ensure that the clients' primary spoken language and self-identified race/ethnicity are included in the health care organization's management information system as well as any patient records used by provider staff.

11. Use a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.

12. Undertake ongoing organizational self-assessments of cultural and linguistic competence, and integrate measures of access, satisfaction, quality, and outcomes for CLAS into other organizational internal audits and performance improvement programs.

13. Develop structures and procedures to address cross cultural ethical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty in accessing services, or denial of services.

14. Prepare an annual progress report documenting the organizations' progress with implementing CLAS standards, including information on programs, staffing, and resources.

9—Resources for Cross Cultural Health Care and DHHS Office of Minority Health, 1999

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

99

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

September 21, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING AUGUST 31, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH-Administration** – Request for approval to accept and expend two gifts bequeathed to SFGH from the estate of LeMar Hoaglin and the estate of Beatrice Druhe.

(3.2) **PHP-CHP&P-HIV Prevention** – Progress report on the Urban Indian Health Board/Native American AIDS Project.

(3.3) **CHN-Primary Care-Homeless** – Request for approval of modification to the contract with Central City Hospitality House (CCHH), in the amount of $399,439, for a total contract amount of $531,505, to provide drop-in and self help services for the homeless for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CCHH for services totaling $595,397 during FY 1998-99).

(3.4) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with Glide Foundation, in the amount of $232,495, for the provision of prevention services targeting behavioral risk populations in the Tenderloin neighborhood of San Francisco, for the period of July 1, 1999 through June 30,2000. (DPH contracted with Glide for services totaling $577,333 during FY 1998-99).

(3.5) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with Iris Center: Women's Counseling and Recovery Services, in the amount of $127,747, for the provision of HIV prevention services targeting females who have sex with male intravenous drug users (IDUs), females who have sex with male and/or female IDUs, females who inject drugs and have sex with females, females who have sex with females or with males, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Iris for services totaling $1,837,854 during FY 1998-99).

(3.6) **PHP-CHP&P-HIV Prevention** – Request for approval of a new contract with New Leaf: Services for our Community, in the amount of $168,750, for the provision of HIV prevention services targeting methamphetamine using males who have sex with males, including males who have sex with males and females, males who inject drugs and have sex with males or have sex with males and females, and at-risk transgenders, for the period of October 1, 1999 through December 31, 2000. (DPH contracted with New Leaf for services totaling $1,168,618 during FY 1998-99).

(3.7) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with Stop AIDS Project (SAP), in the amount of $506,242, for the provision of HIV prevention services targeting males who have sex with males and males who have sex with males and females, and males who inject drugs and have sex with males or have sex with males and females, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SAP for services totaling $793,094 during FY 1998-99).

(3.8) **PHP-CHP&P-HIV Prevention** – Request for approval of retroactive renewal contract with UCSF AIDS Health Project, in the amount of $455,676, for the provision of HIV counseling, testing and referral/partner counseling and referral services targeting populations with high behavioral risks for HIV infection, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998-99).

(3.9) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with UCSF AIDS Health Project, in the amount of $176,914, for the provision of HIV prevention services targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998-99).

(3.10) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with Westside Community Mental Health (WCMH), in the amount of $133,382, for the provision of prevention/ general education services targeting females and transgenders who have sex with males and inject drugs for the period of July 1, 1999 through June 30, 2000. (DPH contracted with WCMH for services totaling $13,932,678 during FY 1998-99).

(3.11) **PHP-CHP&P-Immigrant Health Services** – Request for approval of sole source renewal contract with International Institute of San Francisco (IISF), in the amount of $323,440, for the provision of refugee and immigrant preventive health services through the Newcomers Program, for the period of October 1, 1999 through September 30, 2000. The sole source is for an annual amount of $323,440 for the period of October 1, 1999 through September 30, 2003. (DPH contracted with IISF for services totaling $477,643 during FY 1998-99).

(3.12) **PHP-CHS-Housing** – Request for approval of renewal contract with Baker Places, in the amount of $657,568, to provide client-centered mental health and substance abuse services, including outreach, counseling and case management, as a part of a comprehensive array of health services delivered by the Health, Housing and Integrated Services Network at supportive housing sites, targeting homeless and recently homeless very low-income clients of the City/County of San Francisco for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Baker for services totaling $13,647,803 during FY 1998-99).

(3.13) **PHP-CHS-Housing** – Request for approval of renewal contract with Caduceus Outreach Services, in the amount of $95,480, to provide case management and psychiatric treatment services, policy and advocacy on behalf of the clients and recruitment, training and support of pro-bono psychiatrists who deliver the psychiatric services to very low-income, formerly homeless adults with psychiatric disabilities who reside in the City/County of San Francisco for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Caduceus for services totaling $95,480 during FY 1998-99).

(3.14) **PHP-CHS-Housing** – Request for approval of renewal contract with Catholic Charities of San Francisco (CCSF), in the amount of $410,626 to provide residential housing with comprehensive support services at Peter Claver Community, targeting homeless, low-income persons with disabling HIV or AIDS, who may have histories of substance abuse or mental illness, between the ages of 18 and 59 years who reside in the City/County of San Francisco for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CCSF for services totaling $2,540,469 during FY 1998-99).

(3.15) **PHP-CHS-Housing** – Request for approval of sole source renewal contract with Community Housing Partnership (CHP), in the amount of $84,624, to provide support services to the tenants of the Rose Hotel to assist them in gaining and maintaining housing and stability as part of a comprehensive array of health services delivered by the Health, Housing and Integrated Services Network at supportive housing sites, targeting homeless and recently homeless very low-income residents of the City/County of San Francisco for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CHP for services totaling $84,624 during FY 1998-99).

(3.16) **PHP-CHS-Housing** – Request for approval of new retroactive sole source contract with Mission Housing Development Corporation, the lead agency and fiscal agent for the Mission SRO Collaborative, in the amount of $245,000, for the provision of SRO tenant outreach, community stabilization, SRO/landlord fire safety and prevention, SRO hotel code enforcement monitoring and SRO emergency planning and response, for the period of July 1, 1999 through June 30, 2000.

(3.17) **PHP-CMHS** – Request for approval of modification to the contract with St. Mary Pharmacy Management Services (SMPMS), to extend the term for five months for a total contract period of July 1, 1998 through March 1, 2000 and to increase compensation by $633,045 for a total contract amount of $3,559,511. (DPH contracted with SMPMS for services totaling $2,926,466 during FY 1998-99).

(3.18) **PHP-CSAS** – Request for approval of renewal contract with Larkin Street Youth Center (LSYC), in the amount of $263,179 per year, for the provision of prevention and intervention substance abuse services targeting homeless youth aged 12 to 21 years, for the period of July 1, 1999 through June 30, 2003. (DPH contracted with LSYC for services totaling $990,093 during FY 1998-99).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR SEPTEMBER 1999

6) CONSIDERATION OF AN AMENDMENT TO THE SAN FRANCISCO GENERAL HOSPITAL GOVERNING BODY BYLAWS REGARDING THE MEDICAL STAFF BYLAWS

7) 4th QUARTER REPORT OF DEPARTMENT OF PUBLIC HEALTH REVENUES AND EXPENDITURES FOR FY 1998-99

8) OTHER BUSINESS/PUBLIC COMMENTS*

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
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HEALTH COMMISSION

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, September 21, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Roma Guy at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 31, 1999.

Action Taken: The Commission unanimously adopted the minutes of August 31, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

Note: Commissioner Monfredini chaired the Budget Committee, with Commissioner Guy participating until the arrival of Commissioners Sanchez and Umekubo.

(3.1) **DPH-Administration** – Request for approval to accept and expend two gifts bequeathed to SFGH from the estate of LeMar Hoaglin and the estate of Beatrice Druhe.

(3.2) **PHP-CHP&P-HIV Prevention** – Progress report on the Urban Indian Health Board/Native American AIDS Project.

(3.3) **CHN-Primary Care-Homeless** – Request for approval of modification to the contract with Central City Hospitality House (CCHH), in the amount of $399,439, for a total contract amount of $531,505, to provide drop-in and self help services for the homeless for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CCHH for services totaling $595,397 during FY 1998-99).

(3.4) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with Glide Foundation, in the amount of $232,495, for the provision of prevention services targeting behavioral risk populations in the Tenderloin neighborhood of San Francisco, for the period of July 1, 1999 through June 30,2000. (DPH contracted with Glide for services totaling $577,333 during FY 1998-99).

(3.5) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with Iris Center: Women's Counseling and Recovery Services, in the amount of $127,747, for the provision of HIV prevention services targeting females who have sex with male intravenous drug users (IDUs), females who have sex with male and/or female IDUs, females who inject drugs and have sex with females, females who have sex with females or with males, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Iris for services totaling $1,837,854 during FY 1998-99).

(3.6) **PHP-CHP&P-HIV Prevention** – Request for approval of a new contract with New Leaf: Services for our Community, in the amount of $168,750, for the provision of HIV prevention services targeting methamphetamine using males who have sex with males, including males who have sex with males and females, males who inject drugs and have sex with males or have sex with males and females, and at-risk transgenders, for the period of October 1, 1999 through December 31, 2000. (DPH contracted with New Leaf for services totaling $1,168,618 during FY 1998-99).

Public Speaker: Gilbert Criswell, Channel 53 Public Access Journalist and member of the Thomas Paine for Common Sense in Government, questioned whether this contractor should be in compliance with Proposition I for this new contract; raised the investigation by the Human Rights Commission on alleged discriminatory practices by this contractor; and criticized the wording of the agenda item.

(3.7) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with Stop AIDS Project (SAP), in the amount of $506,242, for the provision of HIV prevention services targeting males who have sex with males and males who have sex with males and females, and males who inject drugs and have sex with males or have sex with males and females, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SAP for services totaling $793,094 during FY 1998-99).

Public Speaker: Gilbert Criswell, Channel 53 Public Access Journalist and member of the Thomas Paine for Common Sense in Government, stated these are duplicative services; and this contractor should not be funded.

(3.8) **PHP-CHP&P-HIV Prevention** – Request for approval of retroactive renewal contract with UCSF AIDS Health Project, in the amount of $455,676, for the provision of HIV counseling, testing and referral/partner counseling and referral services targeting populations with high behavioral risks for HIV infection, for the period of January 1, 1999 through December 31, 1999. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998-99).

(3.9) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with UCSF AIDS Health Project, in the amount of $176,914, for the provision of HIV prevention services

targeting behavioral risk populations, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998-99).

(3.10) **PHP-CHP&P-HIV Prevention** – Request for approval of renewal contract with Westside Community Mental Health (WCMH), in the amount of $133,382, for the provision of prevention/ general education services targeting females and transgenders who have sex with males and inject drugs for the period of July 1, 1999 through June 30, 2000. (DPH contracted with WCMH for services totaling $13,932,678 during FY 1998-99).

(3.11) **PHP-CHP&P-Immigrant Health Services** – Request for approval of sole source renewal contract with International Institute of San Francisco (IISF), in the amount of $323,440, for the provision of refugee and immigrant preventive health services through the Newcomers Program, for the period of October 1, 1999 through September 30, 2000. The sole source is for an annual amount of $323,440 for the period of October 1, 1999 through September 30, 2003. (DPH contracted with IISF for services totaling $477,643 during FY 1998-99).

(3.12) **PHP-CHS-Housing** – Request for approval of renewal contract with Baker Places, in the amount of $657,568, to provide client-centered mental health and substance abuse services, including outreach, counseling and case management, as a part of a comprehensive array of health services delivered by the Health, Housing and Integrated Services Network at supportive housing sites, targeting homeless and recently homeless very low-income clients of the City/County of San Francisco for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Baker for services totaling $13,647,803 during FY 1998-99).

(3.13) **PHP-CHS-Housing** – Request for approval of renewal contract with Caduceus Outreach Services, in the amount of $95,480, to provide case management and psychiatric treatment services, policy and advocacy on behalf of the clients and recruitment, training and support of pro-bono psychiatrists who deliver the psychiatric services to very low-income, formerly homeless adults with psychiatric disabilities who reside in the City/County of San Francisco for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Caduceus for services totaling $95,480 during FY 1998-99).

(3.14) **PHP-CHS-Housing** – Request for approval of renewal contract with Catholic Charities of San Francisco (CCSF), in the amount of $410,626 to provide residential housing with comprehensive support services at Peter Claver Community, targeting homeless, low-income persons with disabling HIV or AIDS, who may have histories of substance abuse or mental illness, between the ages of 18 and 59 years who reside in the City/County of San Francisco for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CCSF for services totaling $2,540,469 during FY 1998-99).

(3.15) **PHP-CHS-Housing** – Request for approval of sole source renewal contract with Community Housing Partnership (CHP), in the amount of $84,624, to provide support services to the tenants of the Rose Hotel to assist them in gaining and maintaining housing and stability as part of a comprehensive array of health services delivered by the Health, Housing and Integrated Services Network at supportive housing sites, targeting homeless and recently homeless very low-income residents of the City/County of San Francisco for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CHP for services totaling $84,624 during FY 1998-99).

(3.16) **PHP-CHS-Housing** – Request for approval of new retroactive sole source contract with Mission Housing Development Corporation, the lead agency and fiscal agent for the Mission SRO Collaborative, in the amount of $245,000, for the provision of SRO tenant outreach, community

stabilization, SRO/landlord fire safety and prevention, SRO hotel code enforcement monitoring and SRO emergency planning and response, for the period of July 1, 1999 through June 30, 2000.

(3.17) **PHP-CMHS** – Request for approval of modification to the contract with St. Mary Pharmacy Management Services (SMPMS), to extend the term for five months for a total contract period of July 1, 1998 through March 1, 2000 and to increase compensation by $633,045 for a total contract amount of $3,559,511. (DPH contracted with SMPMS for services totaling $2,926,466 during FY 1998-99).

(3.18) **PHP-CSAS** – Request for approval of renewal contract with Larkin Street Youth Center (LSYC), in the amount of $263,179 per year, for the provision of prevention and intervention substance abuse services targeting homeless youth aged 12 to 21 years, for the period of July 1, 1999 through June 30, 2003. (DPH contracted with LSYC for services totaling $990,093 during FY 1998-99).

Public Speaker: Michael Petrelis, AIDS Accountability Project, expressed objection to funding for the Stop AIDS Project and the UCSF AIDS Health Project; and encouraged the Department to fund other leading causes of death.

Gilbert Criswell, Channel 53 Public Access Journalist and member of the Thomas Paine for Common Sense in Government, objected to the approval of #3.6 and #3.7; advocated no funding to the Stop AIDS Project; and any other points raised earlier during the Budget Committee. See comments under #3.6 and #3.7.

Commissioner Chow requested clarification on #3.17.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.8 and #3.9.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Laguna Honda Hospital Replacement Planning

Last week, Senator Speier and Assemblyman Kevin Shelley held a press conference to discuss Senator Speier's Bill, SB 1128. SB 1128 would allow a county which provides skilled nursing care (i.e., where the skilled nursing facility is a distinct part of an acute care hospital), to be eligible to receive supplemental reimbursement for capital projects, such as hospital replacements. The Bill was co-authored by Senator John Burton and Assembly Member Kevin Shelley. SB 1128 has been forwarded to Governor Davis for consideration.

The criteria for participation under SB 1128 are that the facility:

- provides services to Medi-Cal recipients,
- be a distinct part of an acute care hospital providing skilled nursing care and supportive care,
- have no less than 300 licensed skilled nursing beds,
- have an average Medi-Cal patient census of at least 80% of the total patient days, and
- be owned by a County.

Laguna Honda Hospital and Rehabilitation Center meets the eligibility criteria for SB 1128. San Francisco qualifies as a City and County.

Under SB 1128, supplemental reimbursement is only for the skilled nursing component of a capital project that serves Medi-Cal patients. The supplemental Medi-Cal reimbursement occurs after the new facility is built and occupied. The supplemental payment is based on a facility incurring increased capital costs. The supplemental funds would most probably be reflected as an increase in the current Medi-Cal reimbursement rate received by the skilled nursing facility. The increase in the Medi-Cal reimbursement is associated solely with the additional costs incurred for capital construction. No State General Fund expenditures are included under SB 1128.

The locality transfers required matching funds to the federal government through the State. The federal government provides additional funding based upon a negotiated and agreed amount related to the rebuilding costs. The federal funds are sent through the State to the locality. The locality will ultimately receive funding in excess of the original amount that was transferred to the federal government. This is referred to as "leveraging."

At this time, the exact amount of federal funding is not known. This will be part of a negotiation process with the federal government. The supplemental funds will be used to pay off the debt service (i.e., principal and interest of the construction project) from the capital construction costs. The supplemental funds will reduce the amount of money that property taxpayers will pay for the Laguna Honda Hospital replacement project.

The Department would like to acknowledge the support that it has received from all members of the City's Sacramento delegation. We are very appreciative of Senator Speier for authoring Senate Bill 1128. The Department will keep the Health Commission apprised of SB 1128.

Sacramento County's Indigent Care Program

Earlier this month, Sacramento County argued before the State's Supreme Court that it should be able to end or restrict medical care to the poor during recessions and if economic downturns exist. Sacramento's County Counsel bases its argument on State laws which were passed in 1992 during the last major recession and designed to relieve counties of their historic obligations to provide health care to those who cannot receive services elsewhere. It is Sacramento County's belief that eliminating or curtailing health services to individuals at certain income levels is legal.

The State Court of Appeals in Sacramento had ruled in the County's favor. However, an injunction was issued by the Sacramento Superior Court blocking the County from making reductions in health care to the indigent. The California Supreme Court is expected to issue its decision within 90 days. At issue is the scope of a locality's obligation under California Welfare and Institutions Code Section 17000. The Supreme Court decision could have far reaching implications for all California counties. The City Attorney and the Department will closely follow this issue and report the Supreme Court's findings to the Health Commission.

National Poll Supporting Safety Net Hospitals

A recent National Association of Public Hospital poll finds overwhelming support among voters for preserving and protecting safety net hospitals. The poll was the first ever done to examine the public's attitude towards public safety net hospitals and the role these hospitals have in America's health care system. The poll indicated that voters in urban and suburban areas, irrespective of political party affiliation, believed that more tax dollars should go to support safety net hospitals and health systems. Key findings of the poll include:

- 96% of the respondents said that it is important that safety net hospitals and clinics be available

- 86% of the respondents said that tax dollars should go towards supporting safety net hospitals and clinics

- 61% of the respondents said that they would personally be willing to contribute more to support safety net hospitals

In addition to the general findings regarding safety net hospitals, the poll also found that a high percentage of urban and suburban Americans have been uninsured at some point or believe they will be uninsured in the future.

This NAPH poll was conducted in May 1999 by the research firm Lake, Snell, Perry & Associates. The findings were published on September 13, 1999, in the *Health Affairs* journal.

Healthy Families First Year Report

The Healthy Families Program celebrated its one-year anniversary this summer. The Managed Risk Medical Insurance Board, the State agency administering this program, recently released the first year report. During the first year, Healthy Families enrolled 40% of the target population. At the end of June 1999, 134,000 children have been enrolled in the program. As of September 1999, over 161,000 children had been enrolled in the program statewide. San Francisco's current enrollment within Healthy Families is 5,400. The basic profile of children enrolled into the Healthy Families program is as follows:

- average family income for a family of three is $20,620; for a family of four, the average income if $24,843,

- 51% of children enrolled are boys and 49% are girls,

- 75% of the families have four persons or less,

- 54% of children enrolled in the program are Latinos, 18% are Caucasians, 15% are Asian-Pacific Islanders, 3% are African-Americans and 10% of the population did not provide ethnic identity information,

- 27.5% of the children are ages 1 –5, 49% are aged 6 – 12 and 23.5% are aged 13 – 18, and

- English is the primary language in 49% of the households, Spanish is the primary language in 37% of the households, and Asian languages (Cantonese, Korean, Vietnamese) in 11% of the households.

The first year report notes that North East Medical Services (NEMS) and four other community-based organizations within the State helped enroll a significant number of children into either Healthy Families or Medi-Cal. The report also provides information on where children are enrolled in Healthy Families within the State. San Francisco zip codes 94112, 94113, and 94134 are listed as being among the top 25 zip codes statewide with the highest Healthy Families enrollment.

POPULATION HEALTH AND PREVENTION

Recognition

My congratulations to Katrina Pierce, Family Nurse Practitioner at Tom Waddell Clinic. Katrina has been chosen to receive the Dolores Housing Program Award for her energy and dedication in

attending to the needs of homeless people in the Mission and Castro neighborhoods, and providing housing for those living with HIV/AIDS.

Suicide Prevention

Responding to Surgeon General David Satcher's "call to action" to combat suicide in America, San Francisco will be hosting a "Suicide: Prevention and Early Intervention" Conference on September 23, from 8:00 a.m. to 4:40 p.m. at UCSF Laurel Heights Conference Center.

The conference will feature several nationally prominent speakers, including keynote speaker Virginia Trotter Betts, MSN, JD, RN, Senior Policy Advisor to Secretary of the U.S. Department of Health and Human Services and the Surgeon General; Michael J. Bennett, MD, Associate Professor of Psychiatry at Harvard Medical School; and Jan Fawcett, MD, a leading researcher in depression and suicide.

The local perspective on suicide in San Francisco will be addressed by Peter Forster, MD, Medical Director for the Community Mental Health Services in San Francisco, and Associate Clinical Professor of Psychiatry at UCSF. For more information contact Carol Peng at (415) 551-0520 or Pam Beach at (415) 547-5917.

Latino Health Fairs

A Latino Behavioral Health Fair will be held at the Mission Cultural Center for Latino Arts, 2868 Mission Street, Saturday September 25th from 2:00 p.m. to 6:00 p.m. The fair is free and is sponsored by CMHS and CSAS, among many others.

A Latino Conference sponsored by CMHS, CSAS, and Concordia Seminars will take place on October 15, at Bethel Church, 24th Street and Valencia. Deadline for registration is October 8th; registration fee is $25. For more information call 255-3028.

Special Projects - Action Point

The Urban Health Study of UCSF, in collaboration with the Department of Public Health, has been granted funds of $275,000 each year for three years to evaluate the Action Point Adherence Project. These funds come from the Health Resources Service Administration, Special Projects of National Significance. Congratulations to all those in the department who participated in writing the grant, including Jessica Wolin, Laura Thomas and Joshua Bamberger. The grant will allow the Urban Health Study to evaluate the effect of Action Point to improve quality of life, biologic markers and life expectancy among the urban poor, HIV positive individuals who access services at the Action Point Center on Sixth Street.

STD Control

The STD Annual Morbidity Summary was released today. In 1998 there was a 24% increase in cases of gonorrhea among San Francisco residents, from 1497 in 1997 to 1852 in 1998. This represents a continued increase from 1996 when there were 1449 cases but is still much less than previous counts in the early 1980's when there were more than 16,000 cases of gonorrhea. Cases of rectal gonorrhea continue to increase from 129 cases in 1997 to 158 cases in 1998.

The number of reported cases of chlamydia increased by 16%, from 2253 in 1997 to 2611 in 1998. Since chlamydia infection is predominantly asymptomatic, increases in cases may represent enhanced screening efforts among adolescents, family planning clinics and the County jail rather than increased transmission. Syphilis continues to decline with a 29% decrease in total cases from 187 in 1997 to 132 in 1998. The number of early or recently acquired cases declined by 45% from 73 in 1997 to 40 in 1998.

San Francisco STD Services is engaged in an effort to eliminate syphilis within the County with expanded awareness and screening among high-risk populations and increased outbreak control activities. Data on visits to City Clinic, screening programs and community outreach activities will be forthcoming in a supplementary report.

COMMUNITY HEALTH NETWORK

Appointment

The CHN is pleased to announce that Laguna Honda Hospital has a new medical director, Dr. Terry Hill. Dr. Hill attended medical school at UCSF and did volunteer work for the San Francisco Department of Public Health in the 1980s. He was a resident and chief resident at Highland General Hospital in Oakland, then a geriatrics fellow and NIH research fellow at Stanford. For the past five years he has practiced in Oakland. Until coming to Laguna Honda he was Medical Director for Geriatric Services at Summit Medical Center as well as medical director of several community nursing facilities. He served on the Alameda County Long Term Care Planning Council. Dr. Hill is a Clinical Assistant Professor in the Stanford Department of Medicine and is on the core faculty of the Stanford Geriatric Education Center. He chairs a statewide effort to improve palliative care in skilled nursing facilities, funded by the Robert Wood Johnson Foundation, and is active in local, state and national organizations devoted to geriatrics and long term care.

Melissa Welch, M.D., Ph.D. Promotion

I am pleased to announce the promotion of Dr. Melissa Welch, Chief Medical Officer of the Community Health Network of San Francisco to Associate Medical Professor to the Department of Medicine, School of Medicine, University of California, San Francisco.

Dr. Welch is certainly most deserving of this appointment and has demonstrated her competence and leadership skills, both administratively and clinically within the Community Health Network.

Chinatown Public Health Center Grants

Chinatown Public Health Center has received two mini-grants starting September 1, 1999 to develop the Chinese Cancer Survivors Leadership Development Program. The grantors were American Cancer Society, California Division and West Bay Breast Cancer Early Detection Program (BCEDP). The project plans to recruit and train 20-25 Chinese speaking cancer survivors to become spokespersons on cancer issues in the Chinese community. Some will appear in Chinese media talk shows to speak on cancer issues in the Chinese community and to share their experiences living with cancer. Some will become volunteers in various cancer programs and serve as linkages to available resources and services. The goal of this program is to increase awareness on cancer and the importance of early detection and screening in the Chinese community. Health Educator, Lei-Chun Fung coordinates the program, at Chinatown Public Health Center.

SFGH Medical Staff Appointments	9/99	YTD
New Appointments	15	118
Reappointments	26	294
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	9	149
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0

Changes in Privileges		
Additions	1	23
Voluntary Relinquishment	0	6

Current Statistics – as of 9/8/99

Active Staff	326
Affiliate Professionals	132
Courtesy Staff	534
Referring Staff	54
Total Members	1070
Applications in Process	121
Reappointments in Process	161

Commissioners Guy and Chow, pointing out the various areas in the Healthy Families Program that need attention, requested periodic updates on this program to the full Commission.

Public Speaker: Michael Petrelis, AIDS Accountability Project, questioned the availability to the public of the annual STD Report; raised questions on statements in the report; and again raised when will a Town Hall meeting be held with the gay community.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR SEPTEMBER 1999

On behalf of the Commission, President Monfredini presented awards to the following employees:

Team	Division
SFGH Payroll Team	**CHN – SFGH Human Resources**

Nenita Bautista
Elena Domingo
Martha Espana
Anna Kwan
Jorge Martinez
Betty Matthes
Grace Ogden
Vilma Ruiz
Peter Tan

Nursing Office Payroll Team

Henry Brogonia
Arnold Dignadice
Carol Sites

6) **CONSIDERATION OF AN AMENDMENT TO THE SAN FRANCISCO GENERAL HOSPITAL GOVERNING BODY BYLAWS REGARDING THE MEDICAL STAFF BYLAWS**

Gene O'Connell, Executive Administrator of San Francisco General Hospital, reported that the Joint Commission and the California Medical Association issued recommendations following the survey of SFGH last May. One of the supplemental recommendations, also known as "Type II Recommendations", was that neither the Medical Staff Bylaws nor the Governing Body Bylaws preclude a unilateral amendment of the medical staff documents.

To address this issue, it is proposed that a sentence be added to Article VIII, Section 2.D on page 9 of the Governing Body Bylaws, as follows:

"Neither the Governing Body nor the Medical Staff may unilaterally amend the Medical Staff Bylaws or Rules and Regulations."

The SFGH Medical Staff will propose that this same sentence be added to the Medical Staff Bylaws at the time that they recommend their next set of amendments.

This amendment was already discussed at the September 14, 1999 Joint Conference Committee-San Francisco General Hospital. The JCC-SFGH supports the proposed amendment.

For a future discussion, Commissioner Chow raised two questions:

a) Article VII: Hospital Administrations, Section 3C, should "Executive" be added in front of "Committee"?

b) Article VIII: Medical Staff, Section 1B, should "Executive" be added in front of "Officer"?

These questions will be researched and referred to the appropriate process.

Action Taken: The Commission unanimously approved the following amendment to the Governing Body Bylaws:

"Neither the Governing Body nor the Medical Staff may unilaterally amend the Medical Staff Bylaws or Rules and Regulations".

7) **4th QUARTER REPORT OF DEPARTMENT OF PUBLIC HEALTH REVENUES AND EXPENDITURES FOR FY 1998-99**

Monique Zmuda, Chief Financial Officer, presented the following:

The Department of Public Health is projecting a year-end surplus of $0.8 million for FY 1998-99 based on expenditures and revenues for the fourth quarter ending June 30, 1999. Revenue shortfalls of $23.8 million are projected to be offset by expenditure savings of $24.6 million.

This projection includes three General Fund supplemental appropriations approved by the Board of Supervisors last fiscal year. The supplemental appropriations include: 1) $5.6 million to offset revenue losses at Laguna Honda Hospital; 2) $1.1 million to provide pharmaceutical services to

indigents for mental health services; and 3) $19.2 million to offset revenue shortfalls at San Francisco General Hospital.

PROJECTED FY 1998-99 YEAR-END SURPLUS/DEFICIT

Division	REVENUES Revised Budget	REVENUES Current Projection	REVENUES Surplus/ (Deficit)	EXPENDITURES Revised Budget	EXPENDITURES Current Projection	EXPENDITURES Surplus/ (Deficit)	TOTAL Surplus/ (Deficit)
Community Health Network							
SFGH	$ 467,856,127	$ 454,789,953	$ (13,066,174)	$ 467,856,127	$ 456,411,730	$ 11,444,397	$ (1,621,777)
Laguna Honda	121,959,478	119,366,971	(2,592,507)	121,959,478	120,493,959	1,465,519	(1,126,988)
Primary Care	44,994,719	39,045,857	(5,948,862)	44,994,719	41,364,437	3,630,282	(2,318,580)
Forensics	22,209,961	22,154,654	(55,307)	22,209,961	22,245,083	(35,122)	(90,429)
Subtotal	657,020,285	635,357,435	(21,662,850)	657,020,285	640,515,209	16,505,076	(5,157,774)
Population Health & Prevention							
Central Admin	20,025,521	20,033,734	8,213	20,025,521	20,230,686	(205,165)	(196,952)
Community Health	54,850,174	54,654,725	(195,449)	54,850,174	52,652,354	2,197,820	2,002,371
Mental Health	156,718,370	153,706,903	(3,011,467)	156,718,370	148,099,610	8,618,760	5,607,293
Substance Abuse	48,689,873	49,825,046	1,135,173	48,689,873	47,386,096	1,303,777	2,438,950
Subtotal	280,283,938	278,220,408	(2,063,530)	280,283,938	268,368,746	11,915,192	9,851,662
Total DPH	937,304,223	913,577,843	(23,726,380)	937,304,223	908,883,955	28,420,268	4,693,888

The fiscal year will officially close in late October or November after the year-end audit is completed in October. Estimates of the year-end surplus of $0.8 million could be adjusted either upward or downward prior to the official close. Possible adjustments that could occur during the close include:

- the Controller's close out of prior year accounts;
- increases or decreases in reserves for audit disallowances, as required by the annual audit;
- increases or decreases in estimates of bad debt, accounts receivable or other audit adjustments;
- changes in the general fund subsidy calculation prepared by the Controller; or
- a final determination of the amount of expenditures to be carried forward into the next fiscal year.

In addition, there are two possible adjustments in the Population Health and Prevention Division that could impact the year-end surplus. One potential adjustment is a $4.7 million reduction in revenues due to an outstanding receivable from FY 1991-92 that may be recognized by the Controller in FY 1998-99. However, this $4.7 reduction may be offset by a $4.2 million decrease in expenditures associated with the close out of prior year encumbrances that are no longer necessary. The net impact of these two adjustments will result in a surplus of $0.3 million.

President Monfredini and Dr. Katz complimented Ms. Zmuda on her professional work.

Commissioner Chow reinforced the importance of having an overall Department Chief Financial Officer. He also expressed his concern about primary care in terms of revenues and the efficient delivery of services. He would like to have an in-depth discussion on primary care within the overall health care system.

Commissioner Umekubo requested clarification on the outstanding receivables for FY 1991-92.

Commissioner Guy emphasized the need to understand the Department of Psychiatry in relation to primary care.

8) **PUBLIC COMMENTS**

Gilbert Criswell, Channel 53 Public Access Journalist and member of the Thomas Paine for Common Sense for Government, raised the following issues:

a) When will the Commission conduct its meetings at City Hall and be televised for the public?

b) Eliminate the Stop AIDS Project.

c) Focus on prevention for the general public.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

October 5, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING SEPTEMBER 21, 1999

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) Update on progress of Latino Commission Program.

(3.2) **CENTRAL ADMINISTRATION** – Request to approve a resolution authorizing the Department of Public Health to accept and expend 37 recurring State grants to be awarded to the Department during 1999-2000 fiscal year.

(3.3) **PHP-Health Promotion** – Request to authorize a performance agreement between the Regents of the University of California and the Department of Public Health, enabling the Department to receive up to $66,134 for collaboration on the "Safe Houses: Meanings of Home Modifications as Self Care", for the initial contract period of September 1, 1999 to February 29, 2000.

(3.4) **CHPP-Health Promotion** – Request for approval to accept and expend a new grant from the Center for Disease Control and Prevention, in the amount of $272,273, for the Raise African American Infant Survival: Erase Disparity Project (RAISE), with a contract for $85,893 with Booker T. Washington Community Service Center for community participation in the planning and evaluation of the project, for the period of September 30, 1999 to October 1, 2000.

(3.5) **CHPP-HIV Prevention Services** – Request for approval of contract renewal with Instituto Familiar de la Raza, in the amount of $51,092, for the provision of individual risk reduction counseling, multiple session groups, venue-based individual outreach and evaluation services targeting sexually active Latino males of various populations between the ages of 18 to 50, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Instituto for services totaling $4,526,738 during FY 1998-99).

(3.6) **CHS-HIV Services** – Request for approval of contract modification with Shanti Project in the amount of $77,009, for a total contract of $419,404, for the provision of integrated HIV Health Services targeting HIV infected San Francisco residents who are uninsured, underinsured or have severe needs, for the period of March 1, 1999 through June 30, 2000. (DPH contracted with Shanti for services totaling $1,188,213 during FY 1998-99).

(3.7) **CHS-AB 75 Project** – Request for approval of renewal contract with Lifemark Corporation in the amount of $174,000, for the provision of fiscal intermediary services for the FY 1999-00 CHIP Program, for the period of November 15, 1999 through March 31, 2001. (DPH contracted with Lifemark for services totaling $190,000 during FY 1998-99).

(3.8) **CHS-CSAS** – Request for approval to accept and expend a new grant from the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services, in the amount of $100,000, to study the feasibility of implementing the Physician Prescription of Methadone Program, for the period of September 15, 1999 to September 30, 2000.

(3.9) **CHS-CSAS** – Request for retroactive approval of a multiyear renewal contract with Jelani House, Inc., in the amount of $2,856,320 per year, for a total contract amount of $8,568,960, for the provision of residential and outpatient substance abuse treatment services targeting women and their children, for the period of July 1, 1999 through June 30, 2002. (DPH contracted with Jelani for services totaling $2,358,901 during FY 1998-99).

(3.10) **CHS-CSAS** – Request for retroactive approval of a multiyear renewal contract with Chemical Awareness and Treatment Services, Inc. [dba Community Awareness and Treatment Services, Inc.] (CATS), in the amount of $4,436,341 per year, for a total contract amount of $8,872,682, to provide residential, transportation, drop-in and shelter substance abuse treatment services for the period of July 1, 1999 through June 30, 2001. (DPH contracted with CATS for services totaling $8,090,034 during FY 1998-99).

(3.11) **CHS-CMHS** – Request for approval to accept and expend a new two-year grant from the Department of Health and Human Services, Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention in the amount of $96,123 for the "Kinabukasan" Family Strengthening Program for Pilipinos, for the period of October 1999 through September 2000.

(3.12) **CHS-CMHS** – Request for approval of a new contract with Filipino-American Council of San Francisco, Inc., in the amount of $96,123, to provide outreach, prevention and research services targeting Pilipino families, for the period of October 1, 1999 through September 30, 2000.

(3.13) **CHS–Children Youth and Families** – Request for approval of retroactive modification to the three-year contract with Polaris Research and Development, Inc., to add $99,166 for the period of April 16, 1999 through December 31, 1999, for the provision of home visitor services, bringing the second year contract amount to $135,966. The total amount of this three-year contract is $232,516 for the period of January 1, 1998 through December 31, 2000. (DPH contracted with Polaris for services totaling $730,150 during FY 1998-99).

(3.14) **CHN-Primary Care** – Request for approval of retroactive renewal contract with Bayview Hunters Point Foundation (BVHP), in the amount of $150,831 per year, for a total contract amount of $301,662, to provide counseling and social service referral services to families and individuals experiencing stress resulting from the loss of a loved one from an act of violence, for the period of July 1, 1999 through June 30, 2001. (DPH contracted with BVHP for services totaling $7,300,035 during FY 1998-99).

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **PRESENTATION OF CERTIFICATE TO THE DISASTER MEDICAL ASSISTANCE TEAM**

6) **MONTHLY UPDATE ON DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING**

7) **HEALTHY FAMILIES UPDATE**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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Website: http//www.dph.sf.ca.us

MINUTES OF THE HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

OCT 14 1999

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, October 5, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 21, 1999

Ms. Mori pointed out a correction on page 11. The table for the projected FY 1998-99 year-end surplus/deficit will be replaced with a corrected table. (Attachment A).

Public Speaker: Gilbert F. Criswell, Cable Channel 53 Public Access Journalist, requested the minutes of September 21, on #3.6 to reflect his reference to a letter from the Human Rights Commission regarding discrimination allegations on New Leaf; a Commission follow-up request on Prop I requirements for the new contract to New Leaf; his official title to indicate Gilbert F. Criswell, Cable Channel 53 Public Access Journalist and member of the Gay Men's Association of the Thomas Paine Society for Common Sense in Government; and questioned whether the word ***males*** means heterosexual or gay males.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) Update on progress of Latino Commission Program.
Jim Stillwell, CSAS, reported that since this contractor was denied a conditional use permit from the Planning Commission, the program will have less beds than originally planned. It is presently continuing as a transitional program and will resubmit for a conditional use permit.

(3.2) **CENTRAL ADMINISTRATION** – Request to approve a resolution authorizing the Department of Public Health to accept and expend 37 recurring State grants to be awarded to the Department during 1999-2000 fiscal year.

Commissioner Sanchez requested a status report on quality assurance of the school bungalow site.

(3.3) **PHP-Health Promotion** – Request to authorize a performance agreement between the Regents of the University of California and the Department of Public Health, enabling the Department to receive up to $66,134 for collaboration on the "Safe Houses: Meanings of Home Modifications as Self Care", for the initial contract period of September 1, 1999 to February 29, 2000.

Commissioner Sanchez abstained on this item.

(3.4) **CHPP-Health Promotion** – Request for approval to accept and expend a new grant from the Center for Disease Control and Prevention, in the amount of $272,273, for the Raise African American Infant Survival: Erase Disparity Project (RAISE), with a contract for $85,893 with Booker T. Washington Community Service Center for community participation in the planning and evaluation of the project, for the period of September 30, 1999 to October 1, 2000.

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Commissioner Parker pointed out a typographical error on #3.9; requested a clarification on #3.10; and commended the contractor on #3.14.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.3.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

Mt. Zion Hospital

Dr. Katz gave an update on Mt. Zion Hospital. UCSF/Stanford will sponsor a community forum on October 5, 1999 in the Western Addition. Historically, Mt. Zion has served the African American, Jewish, and Russian communities. Dr. Katz has been meeting with community groups to look at creative proposals. Data shows the acute care census at Mt. Zion to be 50. The Commission will be holding a Prop Q hearing on Mt. Zion on Tuesday, November 16, 1999 at 3:30 p.m. at the Board of Supervisors Chambers in City Hall. This hearing will be televised on Channel 54.

ADMINISTRATION

Federal Year 2000 Budget

The Federal Year 2000 Budget has not been adopted. On September 30, 1999, President Clinton signed a three-week continuing resolution. A continuing resolution is a temporary spending measure to keep the federal government operating. It allows for the federal government to continue providing vital services such as Social Security, education, health and national security. It is our understanding that Congress and the Administration have not been able to reach agreement on the various expenditure caps. It has been difficult to adhere to these budget caps and still fund critical programs. The President is concerned that his budget plan, which provided for increase funding for education, savings in Social Security and Medicare, has not been adopted by the majority in Congress.

The Department is working closely with the City's federal lobbyist in tracking the Labor/HHS/HUD Appropriation Bill that is most significant to us. This bill provides funding for various federal Department of Health and Human Services programs such as Medicare, Medicaid, Ryan White and NIH. It is hoped that Congress and the Administration will be able to approve appropriation bills before the expiration of the current continuing resolution. The President does have the authority to issue a subsequent continuing resolution, if needed.

Tobacco Tax Revenues for the CHIP Program

As reported earlier to the Health Commission, the Department expected its current year budget for the County Health Indigent Program funded by tobacco tax revenues to be reduced in the State '99-00 budget. In accordance with final State allocations, the Department's current year budget of $8.0 million for the indigent health program revenues will be reduced by $3.1 million to $4.9 million. The Controller will be preparing a supplemental appropriation request to offset reduced tobacco tax revenues with increased General Funds for the Department of Public Health. This adjustment will result in no net impact on the Department's FY '99-00 expenditure appropriation.

Release of Funds Held on Reserve

The current year budget contains one-time funding added by the Board of Supervisors during the annual budget hearings in June. Four of these programs added back by the Board are held on reserve pending Board approval to release funds. The Department is now requesting release of funds for two of these programs: 1) $300,000 for mental health residential treatment services; and 2) $245,000 for fire prevention education for occupants of single room occupancy (SRO) hotels. The Finance Committee of the Board approved release of the $300,000 for enhanced mental health services on September 29. The Finance Committee is expected to hold a public hearing on the release of the $245,000 for SRO fire prevention on October 13. The request to release funds for the remaining two programs (children's mental health and methadone access physician training) will be forwarded to the Board later this year.

City Clinic Vandalized

Yesterday afternoon members of ACT-UP San Francisco entered the STD Surveillance Offices of DPH and verbally harassed staff tearing posters off the wall. The ACT-UP group demanded to see Jeff Klausner, M.D., Director of the clinic, or Gwen Hammer, M.D. of the CDC. The group left when they learned neither was on site. Staff called DPH Institutional Police and the SFPD. Jimmy Loyce, Deputy Director, was sent over to debrief staff and assess the damage. The Department is committed to ensuring staff have a safe working environment. A restraining order is being pursued and security has been increased.

King Hotel Fire

A fire broke out at the King Hotel, 663 Valencia Street, Sunday morning at 11:30. The Red Cross and various city departments including Human Services, Office of Emergency Services, and Public Health

were on site shortly after fire fighters had the fire under control. One fatality occurred as a result of the fire, and four people were injured. This 43-unit single occupancy hotel housed close to 70 people, including 11 families, 20 children, 5 couples and 15 single adults. Evacuated tenants were triaged to a temporary Red Cross shelter on Harrison Street. I would like to acknowledge the good work of DPH Mental Health staff, Linda Wang and LaDonnis Elston, who were at the shelter to provide support and counseling. In addition, Alice Bowles, RN of the CHN, volunteered to provide overnight nursing coverage at the shelter. Child crisis was on site to ensure all the children were in stable condition. Ben Gale from Environmental Health conducted a site visit to assess the suitability of the temporary shelter, and Willie Crawford obtained 200 towels from Laguna Honda and delivered them to the shelter.

DPH chaired the Board of Supervisors SRO Emergency Response and Coordination Committee last year. The response to this fire highlighted the progress made through the work of the committee. DPH is working in coordination with other City agencies to transition the fire survivors to permanent housing as quickly as possible.

Senior Legislative Planner

Ms. Colleen Johnson will be joining the Office of Policy and Planning as Senior Legislative Planner.

Ms. Johnson currently works for AIDS Project Los Angeles where she is the Manager of Local Government Affairs. Colleen has experience in state legislation, health policy, government relations, grant writing, community planning and managing service programs. Colleen will start on Monday, October 25, 1999 and her telephone number will be 554-2633. Until Colleen starts, please continue to forward State legislative requests to Tangerine .

POPULATION HEALTH AND PREVENTION

CARE Title I Application

The HIV Health Services recently submitted the 10th CARE Title I application to the Federal Government. This year's application requested over $42 million for HIV health services for San Francisco, San Mateo and Marin Counties. The Department should hear from HRSA in January 2000 as to our final award for the CARE fiscal year starting in March 2000. Thanks to Laura Thomas for coordinating the application again this year.

CDC Male Screening Award

The Department was awarded $257,053 this year and $257,053 the following year to conduct the male chlamydia screening study evaluating the effectiveness of male screening to reduce the burden of disease in the population and to understand transmission of infection.

October Highlights Women's Health

October is a significant month for women's health. It is the "awareness" month for both domestic violence and breast cancer. How are these two major women's health concerns related? Both domestic violence and breast cancer are shrouded in secrecy. Women are the customary target of both diseases. And too often, survivors are blamed for the disease. This month a lot of attention will be brought to these important women's health issues.

Domestic Violence activities are scheduled throughout the city during the month of October. Activities range from the release October 5th of the national report on Lesbian, Gay, Transgender and Bisexual Domestic Violence presented by CUAV, to A Men's March Against Domestic Violence on October 23rd.

Breast cancer quilts are on display at City Hall throughout the month of October. This is a collaborative project between the Department of Public Health's Breast and Cervical Cancer Services and the UCSF/Mt. Zion Art for Recovery Project. The exhibition presented by the Art Commission Gallery, a program of the San Francisco Arts Commission, displays quilts honoring and remembering

women from the Western Addition, Chinatown and Bayview Hunters Point. There will be a reception October 13th at 5:30 on the ground floor of City Hall. A number of educational programs offering information about breast and cervical cancer and women's health are scheduled throughout the month.

COMMUNITY HEALTH NETWORK

1999 Survey Plans of Correction Accepted

The State Licensing and Certification Office notified Laguna Honda Hospital September 24th, that its Plans of Correction (POCs) for both the Acute and Skilled Nursing Facility surveys had been accepted.

The Licensing and Certification Office also notified LHH that it will conduct a follow-up visit in October to monitor compliance with the approved Plans of Correction. The Hospital Leadership Group is actively preparing for the revisit.

The approved SNF POC included placement of additional beds in M7, the Acute Medical Unit, and in L4, the Rehab Unit. This bed redeployment and relocation of residents is scheduled to begin this month. The Hospital will also transfer residents out of ward F3, which will then be refurbished and utilized as a Flex Unit to allow sequential upgrade of other wards in the main building. With these resident moves accomplished, the Hospital will then begin reducing census in the open wards from 26 to 25 as agreed with HCFA. The target date for completion of this open ward census reduction is December 1999. The census at 1,065 will be maintained after all these moves and adjustments.

The POC also requires that the Hospital meet and confer with HCFA after the November 2nd election to discuss future adjustments to census. The LHH JCC will discuss our approach with HCFA over the next few weeks.

LHH Hospice Receives Recognition

The Laguna Honda Hospital Hospice received recognition recently from two sources. First, the Hospice Unit and beautiful therapeutic garden were featured in a newly published book titled Healing Gardens: Therapeutic Benefits and Design Recommendations. The book features innovative concepts in healthcare and senior living design.

Secondly, the LHH Hospice was included in an HBO special program hosted by Linda Ellerbee on Life Afterlife. The program is a 90-minute documentary that explores the question of what survives after life. Our Hospice was one of several across the country selected for inclusion. Many of the Hospice residents and staff were interviewed during the on-site filming. The program premiers tonight on HBO at 7:30 p.m., eastern time. The Leadership Team is very proud of the accomplishments of the Hospice Unit staff and the quality of care provided our residents.

Employee Recognition Event Reminder

Commission members are invited to the Hospital's Annual Employee Recognition Dinner Dance on October 28th, beginning at 6:00 p.m., at the Spanish Cultural Center on Alemany Boulevard. This year 285 employees will be honored, including 11 employees who will celebrate their 30-year employment anniversary, and one who will be honored for his 35th anniversary. In addition, the Hospital has invited a number of very special guests who have contributed above and beyond normal levels for Laguna Honda Hospital this year. These guests will also be recognized and honored at the special event.

President Monfredini acknowledged Mr. Loyce's quick response to the incident at the STD Clinic. She strongly indicated the disruptive and intimidating behavior is not to be tolerated and supports appropriate legal action against the individuals who were responsible for the incident.

Commissioner Parker emphasized the need for a safe workplace; and the incident at the STD Clinic is inappropriate.

Public Speaker: Gilbert F.Criswell, the Gay Men's Association, indicated the STD Clinic incident was a result of the Department's report on the syphilis outbreak and the delay in releasing the STD Report.

5) PRESENTATION OF CERTIFICATE TO THE DISASTER MEDICAL ASSISTANCE TEAM

On behalf of the Commission, President Monfredini presented a Certificate of Appreciation to the Disaster Medical Assistance Team.

In the two short years since its inception, the team has developed into a deployment capable disaster response unit of more than 60 individuals from all medical disciplines. All members of this volunteer unit have equipped themselves at their own cost and participated in training, including multiple day deployments to the field sites. The CA-6 Team has provided care to Kosovar refugees at Fort Dix, and has been in standby mode for flooding and hurricane disasters. This is the first such regional, multijurisdictional disaster response unit developed in the Bay area capable of providing emergency medical care to large numbers of patients on short notice. The Health Commission commends the work of all the team members on behalf of the residents of San Francisco, the Bay Area and the entire State of California, and awards this Certificate of Appreciation to the CA-6 Commandeer, Don Cheu, M.D., on behalf of the entire team.

6) MONTHLY UPDATE ON DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING

Tangerine Brigham, Director of Policy and Planning, presented an update including the orientation meeting, the committee membership, and the initial strategic planning work plan. For a copy of the 7-page update, call the Commission Office at 554-2666. There will be a Steering Committee, a Finance Sub-Committee, a Population and Program Sub-Committee, and a Departmental Communications Sub-Committee. Staff support for the Committees will be:

Name	Committee
Richard Hodgson, DPH Policy and Planning	Steering
Anne Okubo, Central Administration Fiscal	Finance
Judith Klain, CHN Planning and Marketing	Population and Programs

The Steering Committee will be co-chaired by Jimmy Loyce, Deputy Director; and Tangerine Brigham, Director of Policy and Planning.

The work plan for this strategic planning initiative is divided into two components: one entitled "December 1999 Deliverables and Expectations:, and the other entitled "December 2000 Deliverables and Expectations."

Ms. Brigham requested that it delay its presentation on a proposed strategic approach to financing issues for the fiscal year 2000-01 budget. This was originally scheduled for November 1999. However, additional time has been needed to form the Steering Committee and Sub-Committees. As noted previously, the Strategic Planning Orientation Meeting is not scheduled until October 13, 1999. We strongly believe that the Finance Sub-Committee will need additional time before it can make recommendations to the Steering Committee. Therefore, the Department requests that the presentation be delayed until the first meeting in December 1999.

The Department will make all attempts to keep to the timeline and detailed work plan. However, the work plan may be modified and updated throughout the planning process as the strategic planning issues are fully explored and deliberated on. The work plans must also be reviewed and agreed upon by the Steering Committee and Sub-Committees.

President Monfredini requested updates on November 2nd and December 7th.

7) HEALTHY FAMILIES UPDATE

As a follow-up to the Commission's request for an update on the California's Healthy Families Program in San Francisco, Ms. Brigham provided background information, a description of program expansions and enhancements, San Francisco-specific data, and a description of the Department's outreach and education efforts. For a copy of the complete report, call the Commission Office (554-2666).

Ms. Brigham stated that there is a need to focus on the African Americans, Latinos, Asians other than Chinese, and adolescents, because the number of enrollees is low in these areas.

Questions and Comments from Commissioners:

- What is San Francisco's goal for the number of children to be enrolled?
- Can minors with children apply?
- There is a low enrollment of Caucasians.
- Duplication of efforts in the Chinese community is needed in other communities.
- What are the strategies for ineligible or underinsured children?
- The Department needs to forge collaborations with schools, new initiatives, and existing grassroots, community groups (i.e., Beacon sites, churches, Mission Vocational Program, Latino Task Force); the Department needs to expand efforts to the specific target populations.
- The Department needs real data to evaluate and measure success.
- Healthy Families is an important income to our system; but local data is needed.

Another update, along with data, will come to the Commission in March/April 2000.

8) OTHER BUSINESS/PUBLIC COMMENTS

Public Speaker: Gilbert F. Criswell, Cable Channel 53 Public Access Journalist, again encouraged the Commission to televise its meetings.

Commissioner Guy requested advance written information on Mount Zion in preparation for the Prop Q hearing scheduled for November 16, 1999.

The meeting was adjourned at 4:50 p.m.

Sandy Oaye Mori

Sandy Oaye Mori
Executive Secretary to
the Health Commission

Attachment (1)

PROJECTED FY 1998-99 YEAR-END SURPLUS/DEFICIT

Division	REVENUES Revised Budget	REVENUES Current Projection	REVENUES Surplus/ (Deficit)	EXPENDITURES Revised Budget	EXPENDITURES Current Projection	EXPENDITURES Surplus/ (Deficit)	TOTAL Surplus/ (Deficit)
Community Health Network							
SFGH	$ 465,565,270	$ 452,399,494	$ (13,165,776)	$ 465,565,270	$ 457,598,767	$ 7,966,503	$ (5,199,273)
Laguna Honda	121,959,478	119,366,971	(2,592,507)	121,959,478	120,854,984	1,104,494	(1,488,013)
Primary Care	44,994,719	39,045,857	(5,948,862)	44,994,719	41,364,437	3,630,282	(2,318,580)
Forensics	22,209,961	22,154,654	(55,307)	22,209,961	22,226,958	(16,997)	(72,304)
Subtotal	**654,729,428**	**632,966,976**	**(21,762,452)**	**654,729,428**	**642,045,146**	**12,684,282**	**(9,078,170)**
Population Health & Prevention							
Central Admin	20,025,521	20,033,734	8,213	20,025,521	20,230,686	(205,165)	(196,952)
Community Health	54,850,174	54,654,725	(195,449)	54,850,174	52,652,354	2,197,820	2,002,371
Mental Health	156,718,370	153,706,903	(3,011,467)	156,718,370	148,099,610	8,618,760	5,607,293
Substance Abuse	48,689,873	49,825,046	1,135,173	48,689,873	47,386,096	1,303,777	2,438,950
Subtotal	**280,283,938**	**278,220,408**	**(2,063,530)**	**280,283,938**	**268,368,746**	**11,915,192**	**9,851,662**
Total DPH	**935,013,366**	**911,187,384**	**(23,825,982)**	**935,013,366**	**910,413,892**	**24,599,474**	**773,492**

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Harrison Parker, Sr., D.D.S.
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David J. Sanchez, Jr., Ph.D.
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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OCT 14 1999

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AGENDA

HEALTH COMMISSION MEETING

October 19, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OCTOBER 5, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) Update on the Black Coalition on AIDS for the provision of HIV prevention services.

(3.2) **CHN-Pharmacy** – Request for approval of contract renewal with Asereth Medical Services, Inc. in the amount of $800,000, for the provision of as-needed supplemental pharmacy personnel services, for the period of October 1, 1999 through June 30, 2000. (DPH contracted with Asereth for services totaling $2,600,000 during FY 1998-99.

(3.3) **CHN-SFGH** – Request for approval of new contract with Catalyst Systems, LLC, in the amount of $56,000, for the provision of software, training, and Title 22 mandated system validation services for the patient Classification System in use by the Department of Nursing at San Francisco General Hospital, for the period of November 1, 1999 through June 30, 2000.

(3.4) **CHPP-Health Promotion** – Request for approval of contract modification with Polaris Research and Development, in the amount of $40,825 for a total contract amount of $138,330, to provide comprehensive evaluation services to the Tobacco Free Project, for the period of July 1, 1999 through June 30, 2001. (DPH contracted with Polaris for services totaling $730,150 during FY 1998-99).

(3.5) **CHPP-Health Promotion** – Request for approval of contract modification with San Francisco Study Center (SFSS), in the amount of $472,705 for a total contract amount of $802,700, to provide fiscal sponsor services for the Community Capacity Building Training Center for the Tobacco Free Project, for the period of July 1, 1999 through June 30, 2001. (DPH contracted with SFSS for services totaling $1,444,242 during FY 1998-99).

(3.6) **CHPP-Health Promotion** – Request for approval of contract renewal with Men Overcoming Violence (MOVE), in the amount of $84,643, for the provision of family violence prevention services, for the period of October 1, 1999 through September 30, 2000. (DPH contracted with MOVE for services totaling $93,914 during FY 1998-99).

(3.7) **CHPP-Health Promotion** – Request for approval of renewal contract with San Francisco Neighborhood Legal Assistance Foundation (SFNLAF), in the amount of $55,000, for the provision of family violence prevention support services, for the period of October 1, 1999 through July 31, 2000. (DPH contracted with SFLAF for services totaling $95,000 during FY 1998-99).

(3.8) **CHPP-HIV Prevention** – Request for approval of retroactive contract renewal with Central City Hospitality House (CCHH), in the amount of $76,438, for the provision of HIV prevention services targeting behavioral risk youth, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with CCHH for services totaling $595,397 during FY 98-99).

(3.9) **CHS-Substance Abuse** – Request for approval of sole source award and modification to the four-year contract with Asian American Recovery Services, Inc. (AARS), adding: $1,735,822 for the term of October 1, 1999 through June 30, 2000 for a total amount $3,053,870 in the second year of the four-year contract, and $1,230,866 for each of the remaining two years of the contract for a new annual amount of $2,548,914 for a revised total four-year agreement of $9,469,746 to maintain the provision of San Francisco Target Cities Project's Drug Court, Acupuncture, PAES Treatment Access, and administrative support services. (DPH contracted with AARS for services totaling $1,318,048 during FY 1998-99).

(3.10) **CHPP-STD Prevention and Control** – Request for approval to accept and expend a new two year grant from the Centers for Disease Control and Prevention in the amount of $514,106 for evaluation of the program entitled Screening Males for Chlamydia Trachomatis, for the period of September 30, 1999 to September 29, 2001.

(3.11) **CHN-Primary Care-Dental Services** – Request to enter into an agreement between the Delta Dental Plan of California and the Department of Public Health through the Community Health Network as a participating provider to provide specific dental services to enrollees in the Healthy Families program, in the amount of up to $100,000 annually.

4) <u>DIRECTOR'S REPORT</u> (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR OCTOBER 1999

6) PRESENTATION OF SCHOOL-BASED HEALTH SERVICES

7) PRESENTATION OF THE ANNUAL DEPARTMENT OF PUBLIC HEALTH REPORT

8) PRESENTATION OF HARM REDUCTION: A NEW APPROACH TO SUBSTANCE ABUSE SERVICES

9) OTHER BUSINESS/PUBLIC COMMENTS*

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
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/99

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 19, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 5, 1999

Action Taken: The Commission unanimously adopted the minutes of October 5, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) Update on the Black Coalition on AIDS for the provision of HIV prevention services.

(3.2) **CHN-Pharmacy** – Request for approval of contract renewal with Asereth Medical Services, Inc. in the amount of $800,000, for the provision of as-needed supplemental pharmacy personnel services, for the period of October 1, 1999 through June 30, 2000. (DPH contracted with Asereth for services totaling $2,600,000 during FY 1998-99.

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(3.5) **CHPP-Health Promotion –** Request for approval of contract modification with San Francisco Study Center (SFSS), in the amount of $341,905 for a total contract amount of $680,800, to provide fiscal sponsor services for the Community Capacity Building Training Center for the Tobacco Free Project, for the period of July 1, 1999 through June 30, 2001.
(DPH contracted with SFSS for services totaling $1,444,242 during FY 1998-99).

Commissioner Umekubo inquired about evaluations for these programs.

(3.6) **CHPP-Health Promotion** – Request for approval of contract renewal with Men Overcoming Violence (MOVE), in the amount of $84,643, for the provision of family violence prevention services, for the period of October 1, 1999 through September 30, 2000. (DPH contracted with MOVE for services totaling $93,914 during FY 1998-99).

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Commissioner Chow requested an update on the evaluations for the tobacco projects. President Monfredini referred this to the appropriate Joint Conference Committee and then to the full Commission in December.

Commissioner Parker requested clarification on the operations of the Delta Dental Plan.

President Monfredini commended the Black Coalition on AIDS for its progress in the organization.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

President Monfredini sadly reported the passing of Jean Jacobs, a leader in children and youth services and the founder of Coleman Advocates for Children and Youth.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

President Strengthens Outreach for CHIP and MEDICAID

Last week President Clinton announced plans to increase enrollment in Children's Health Insurance Program (CHIP) and in Medicaid. As the Health Commission is aware, Healthy Families is California's CHIP program. Approximately 12 million children lack health insurance nationally and half are eligible for either CHIP or Medicaid. Acknowledging the barriers to enrollment, President Clinton has directed the Secretaries of Health and Human Services, Education, and Agriculture "to focus children's health insurance outreach on a place where we know we can find uninsured children: schools." The President has asked the Department of Health and Human Services to coordinate this effort and develop a set of recommendations to improve enrollment through schools. The report is due to the President in six months. The Department will follow the development of these recommendations.

COMMUNITY HEALTH NETWORK

Senator Feinstein Announces $750,000 for Laguna Honda Hospital

On October 16th, Senator Dianne Feinstein toured Laguna Honda Hospital.
Senator Feinstein announced $750,000 of new federal money for the development of assisted living units at Laguna Honda Hospital. The money is part of a package which the U.S. Senate approved as a joint House-Senate conference report to fund the departments of Veterans Affairs, Housing and Urban Development, and related agencies for fiscal year 2000. The money will ease the cost to rebuild the public hospital if voters pass a bond measure in this November's election.

Department staff will continue to monitor legislation and supplemental funding from the Federal and State government that can be applied to the cost of replacing Laguna Honda, and further defray increases to local property tax. I will keep the Commissioners apprised of progress on this important issue.

POPULATION HEALTH AND PREVENTION

Community Conference in Bayview

On October 9th, the BVHP Health and Environmental Project (HEAP) and the Southeast Alliance for Environmental Justice (SAEJ) sponsored a conference to review health and environmental issues in the Bayview called "The Landscape of our Dreams." The conference focused on the BVHP Health and Environmental Task Force Community Survey, funded by grants from the California Endowment and

San Francisco Foundation. Residents, researchers, agency staff, health educators and public health representatives met at the conference to discuss survey results. This interactive dialogue with community residents not only ensures HEAP's accountability to the BVHP community but also enables residents to direct HEAP's 2000-2001 agenda. The Conference unanimously endorsed development of a comprehensive and multifaceted approach to alcohol and drug prevention and treatment as next year's top priority.

Particular thanks go to Karen Pierce, Coordinator, BVHP-HEAP and Kevin Grumbach, MD, UCSF.

Community Health Promotion and Prevention Award

The California Telehealth and Telemedicine Center have awarded Community Health Promotion & Prevention and the Booker T. Washington Community Service Center in the Western Addition $8,800 These California Endowment funds will be used to buy computers and provide training to neighborhood residents so that they can better access and use the Internet for interactive health communication. Congratulations to Brian Katcher and Ginger Smyly, who wrote the grant.

RAISE

Health Promotion and the Children, Youth and Families Sections have been awarded a one-year community-planning grant to support RAISE (Raise African American Infant Survival: Erase disparities). The purpose of the project is to develop a Community Action Plan to decrease the disparity in infant mortality rates between African Americans and all other racial-ethnic groups. The project is funded under the Centers for Disease Control and Prevention, REACH 2010 Initiative to decrease health disparities among racial ethnic groups in key health issues.

Isabel Auerbach (Perinatal Outreach/HP,) Tracy Moore (Black Infant Health Improvement Project/HP,) Joanne Kimata (Policy and Planning), Mildred Crear (CFY) and Ginger Smyly (HP) developed the grant and will be involved in its implementation. The planning will involve community participants, providers, and advocacy groups, starting with review and analysis of data and other assessments, review of best practices and development of the plan and evaluation for the San Francisc project. A two-three year demonstration grant is anticipated to follow Phase I, planning.

Youth United Through Health Education

The STD Program will receive a total of $31,950, over the next three years, for their participation in a University-wide AIDS Research Program. This collaborative project with the University of California San Francisco will evaluate the Youth United Through Health Education Project (YUTHE). The YUTHE Project is a community-based peer led HIV/STD prevention program focused on increasing STD screening and treatment among African American adolescents in the Bayview Hunters Point neighborhood. The proposed research will include recruiting adolescents to complete a total of 600 street based surveys and 600 anonymous questionnaires in selected clinic-based settings in Bayview and in the control community of the Western Addition. The proposed evaluation research will use multiple data collection methods to assess changes in STD rates, and STD screening behavior in the intervention community compared with the control community.

SF-COPA

September 17th the San Francisco Collaborative Organized to Prevent Abuse sponsored a conference titled, "Behavioral Health and Domestic Violence: Creating Treatment Plans that Work." Over 200 individuals from the Department participated in the conference held at the State Building. The conference began looking at developing protocols and procedures to formally address domestic violence issues for our clients. Instrumental in the planning process of the conference were PHP personnel from various branches: Karen Ashcraft from Target Cities, Sylvia de Trinidad and Nora Goodfriend-Koven from the Health Promotion Section, Jean Miranda from the EAP, Rudy Aguilar

from Community Substance Abuse Services, Mark Walden from Community Mental Health Services/Children's section, and Deputy Director Maria X Martinez.

1999 SF Kindergarten Retrospective Study

The Communicable Disease Prevention Unit has completed the 1999 Kindergarten Retrospective Study that looks at the rates of immunization of kindergartners at the time they were two years old. The overall immunization rate for San Francisco is 70%, with rates among African-American children and Latino children at 57% and 63% respectively. Statewide the overall rate is 64% with African-American children at 55% and Latino children at 60%. All of San Francisco's numbers reflect an improvement from the last Kindergarten Retrospective Study done in SF in 1996; the overall rate was 60% and African-American and Latino children were at 54% and 55%, respectively.

While we are doing better than the state average and reporting in significantly better than we were three years ago, the rates among African-American and Latino children show there is still much work to be done in reaching out to these communities. The Department, working with the San Francisco Immunization Coalition, has determined that low-cost immunization services are widely available throughout the City. We will continue our work and outreach with the Coalition to target the populations at greatest risk of falling behind their immunizations.

SFGH Credentials Report	10/99	YTD
New Appointments	20	138
Reinstatements	4	
Reappointments	33	327
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	17	166
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	0	26
Voluntary Relinquishment	0	6

Commissioner Chow requested immunization data within the Department and requested the Department to report the data to the full Commission.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR OCTOBER 1999

On behalf of the Commission, President presented the October Employee Awards to:

Individual Nominee		Division	Nominated by:
1.	Angelina Ehrlich	Central Administration	Director's Office Staff Contact: Monique Zmuda 554-2610
2.	Mivic Hirose	CHN/SFGH-Medical Surgical Nursing	Gene O'Connell 206-3517

A surprise award was given to Anne Kronenberg, Executive Assistant to the Director of Health, nominated by Dr. Mitch Katz.

6) PRESENTATION OF SCHOOL-BASED HEALTH SERVICES

Jimmy Loyce, Deputy Director of Health, presented this update:

During the FY 1999-2000 budget process, the Board of Supervisors placed $550,000 on reserve (one-time only) in the Department of Children, Youth and their Families (DCYF) budget for School-Based Health Services. The Board asked DCYF to convene a School Health Task Force with representatives from the Department of Public Health, the San Francisco Unified School District and numerous public and private agencies including private health plans, youth advocates, and health service providers.

The Task Force was charged with developing an implementation plan for the delivery of school-based health services with fiscal sustainability beyond FY 1999/2000 because the reserved funds were one-time only.

DPH, as an active participant on the Task Force, is presenting the report (Attachment A) to the Health Commission before it is presented to the Board of Supervisors of DCYF. The presentation to the Board will detail school-based health service plans and ask for a release of funds from reserve.

Commissioner Guy would like to see active coordination and management of this plan, including the costs for the plan. She still senses too much fragmentation for administration.

Commissioner Sanchez would like to see a model where the school is a point of reference, with community resources being brought in with teachers and health providers. Private foundations could be outside resources.

Anne Okubo, DPH Task Force member, stated that the Task Force is recommending a model that links community resources and existing school sites, with the intent to avoid duplication.

Commissioner Chow expressed his concern on the lack of a coordinated approach. He sees a lot of data but no road map for the future.

Public Speakers:

Ali Weinhouse, Lincoln High School, supports health services on site
Kate Favetti, Parent Teacher Student Association, supports work of Task Force
Taj James, Coleman Advocates, supports the collaborative efforts
Gilbert F. Criswell Cable Channel 53 Public Access, encouraged fiscally sound and responsible programs

Commissioner Parker encouraged built-in incentives for all involved parties.

Commissioner Guy requested cost information if the Department is in charge and from where monies would come.

Dr. Katz stated the Department will give the Commission's feedback to the Task Force and will bring back to the Commission a futher developed proposal. The Department will bring any policy change to the Commission for consideration.

7) PRESENTATION OF THE ANNUAL DEPARTMENT OF PUBLIC HEALTH REPORT

Joanne Kimata, Planner with Policy and Planning, presented the 1998-99 Annual DPH Report. Ms. Kimata stated the report will be widely disseminated to officials, contractors, community-based groups, and administrators. The report is available on the DPH Website.

The following individuals were acknowledged for their contributions to the contents of the report: Jessica Wolin, Randy Reiter, Diane Miller, Louise Nathe, Ken Cobry and his journalism students at SFSU, and Tangerine Brigham.

The Annual Report includes:

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Develop and Enforce Health Policy
Provide Quality Health Services
Partner with the Community
The Department's Advisory Groups
The Department's Contractors
Appendix
- Demographics of Our City
- Health Status of San Franciscans
- The Department's Clients and Services
- 1998-99 Financial Information
- The Department's Workforce

President Monfredini and Commissioners Guy and Sanchez commended the staff for an excellent, well laid-out report.

8) **PRESENTATION OF HARM REDUCTION: A NEW APPROACH TO SUBSTANCE ABUSE SERVICES**

Dr. Alice Gleghorn and Dr. Josh Bamberger gave an overview of harm reduction, and its implementation in the Department's activities.

Dr. Gleghorn stated the philosophy of harm reduction is that the Department of Public Health programs and staff work with clients to improve their health status within the context and limits of their behaviors. The Department recognizes that individuals may engage in behaviors that can recognize their health and well-being. Staff take an approach that helps clients understand the risks associated with their behaviors, and encourages them to make choices which will reduce the total physical, social, economic, and emotional harm to themselves, their family, and their community.

The issues around harm reduction are:

Harm reduction interventions do not include condoning illegal activities, but do not make moral judgements about individual actions.

Harm reduction strategies stress self-determination and individual responsibility for behaviors.

Program eligibility criteria can make harm reduction practices difficult to implement

The principles for integrating harm reduction into health services and traditional substance abuse treatment services are:

1. Providers of services for those who misuse or abuse alcohol or other drugs shall deliver care in a culturally competent, nonjudgmental manner which demonstrates respect for individual dignity, personal strength, and self-determination.

2. Service providers are responsible to the wider community for delivering interventions which will reduce the economic, social and physical consequences of substance abuse and misuse.

3. Because those engaged in active substance use are often difficult to reach through traditional service venues, in order to reduce risk and service continuum must seek creative opportunities and develop new strategies to engage, motivate and intervene with potential clients.

4. The goal of services for those who misuse and abuse substances is to decrease the short and long term adverse consequences, even for those who continue to use drugs.

5. Comprehensive services for those who misuse or abuse drugs and/or alcohol must include strategies that reduce harm for those clients who are unable or unwilling to stop using and for their loved ones.

6. Relapse or periods of return to substance use should not be equated with or conceptualized as "failures of treatment."

7. Medical services are an important component of comprehensive services; those who misuse or abuse drugs and/or alcohol should not be denied medical services, and patients prescribed medications for the treatment of medical and psychiatric conditions, including addiction, must have full access to substance abuse treatment services.

8. Each program within a system of comprehensive services will be stronger by working collaboratively with other programs in the system.

Dr. Katz pointed out criticisms on harm reduction: enabling, promoting the legalization of drugs, and the numbers may not decrease. He specifically gave the harm reduction example of the methadone programs.

Commissioners' comments:

- acknowledge there are more questions than answers to the problem
- one size does not fit all
- recognition that there's no 100% cure
- need for specificity in any proposed resolution on where to utilize harm reduction
- principles and research data need to be included in the proposed resolution
- financial implications need to be addressed
- success in needle exchange with strong documentation

The Department will come back to the Commission with a proposed resolution.

Commissioner Parker expressed how he's impressed with Barbara Garcia's leadership over the Population Health and Prevention division.

9) OTHER BUSINESS/PUBLIC COMMENTS*

Public Comments:

Gilbert F. Criswell, Cable 53 Public Access, again encouraged the Commission to televise its meetings; requested signage for the November 16th Prop Q hearing on Mt. Zion Hospital; and encouraged the Commission to improve health services for children.

Commissioner Sanchez emphasized the Department's local and national leadership in public health (i.e. – school based health programs, asthma programs in the African American community).

The meeting was adjourned at 5:30 P.M.

Sandy Ouye Mori
Executive Secretary to
The Health Commission

Attachment (1)

CITYWIDE SCHOOL HEALTH PLANNING COMMITTEE
SCHOOL HEALTH TASK FORCE

I. EXECUTIVE SUMMARY

The School Health Task Force has developed a plan to provide school-based/school-linked health services using $550,000 in one-time funding that is included in the current year budget of the Department of Children, Youth and Their Families. The recommendation is to focus on the priority health needs of high school students. The priority health needs have been identified to be mental health, substance abuse, and sexual health services as well as physical health services.

The Task Force recommends that the core services be provided at 2 large high schools in the San Francisco Unified School District. A proposed budget is contained in the Appendix. The proposed services include:

- Mental health services provided 5 days a week (full-time or part-time);
- Outreach provided by a medical assistant 5 days a week (full-time or part-time);
- Physical health services provided by a school nurse or a nurse practitioner 3 days per week;
- Medical consultation and oversight provided by a physician available on a limited basis; and
- Project coordination and administrative oversight provided in-kind by participating agencies.

A strong emphasis must be placed on linkage of on-site services to existing providers in the community. This linkage of services is envisioned to enhance and supplement the services provided on-site and to provide a more comprehensive range of services that are needed for youth.

The selection of the two school sites will be made in consultation with San Francisco Unified School District staff including high school principals. The selection of the two sites will consider: 1) the willingness of school administration and staff to commit to and support this new service; 2) the level of need of the student population; and 3) any existing infrastructure and space requirements that will support these services.

Finally, the Task Force recommends that an Inter-Agency Governance Committee be formed to provide oversight and policy direction for these new services. This Committee will be comprised of representatives from:

- San Francisco Department of Children, Youth and Their Families;
- San Francisco Unified School District;
- San Francisco Department of Public Health;
- Youth representatives;
- Parent representatives;
- Community-based, youth-serving agencies; and
- Health plans and health care providers.

It is recommended that the Inter-Agency Governance Committee be strongly linked to the Citywide School Health Planning Committee since this is an existing body established by the San Francisco Unified School District and the Department of Public Health to address school health issues. It is envisioned that members of the Inter-Agency Governance Committee will also be members of the Citywide School Health Planning Committee.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OCTOBER 19, 1999

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **CHS – HIV Health Services** – Update on the Filipino Task Force on AIDS for the provision of HIV prevention services.

(3.2) **CHS** – Update on the Bayview Hunters Point Foundation for Community Improvement, Inc., for the provision of HIV services and an organization development plan.

(3.3) **CHS – HIV Health Services** – Request for approval of contract modification with the Support Center for Non-Profit Management for one-time funds, in the amount of $269,279, for a total contract amount of $519,279, to provide HIV CARE Planning Council support and further development of the Reggie system to benefit HIV positive San Francisco residents for the period of March 1, 1999 through February 29, 2000. (DPH contracted with the Support Center for services totaling $1,106,985 during FY 1998-99.)

(3.4) **CHS - Housing** – Request for approval of a new retroactive sole source contract with Lutheran Social Services of Northern California to provide benefits counseling to homeless persons and evaluation services for a demonstration project, in the amount of $67,000, for the period of October 1, 1999 through June 30, 2000. (DPH contracted with Lutheran Social Services for services totaling $1,127,952 during FY 1998-99.)

(3.5) **EMS Agency** – Request for approval to accept and expend retroactively a continuation grant from Department of Health and Human Services in the amount of $200,000, of which $30,000 will be used for new subcontracts with AMR/HUSK and TRW, for the continued development of the Metropolitan Medical Response System for the period of April 1, 1999 through April 30, 2000. (DPH did not contract with AMR/HUSK or TRW during FY 1998-99.)

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **UPDATE ON 1998-99 YEAR-END DEPARTMENT OF PUBLIC HEALTH FINANCIAL REPORT**

6) **FIRST QUARTER REPORT FY 1999-00 REVENUE AND EXPENDITURE REPORT**

7) **PRESENTATION OF A LEGISLATIVE REPORT**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **CLOSED EXECUTIVE SESSION:**

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

B. **VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

1. **DARCEL GRACE V. CCSF, IN THE AMOUNT OF $131,050, U.S. DISTRICT COURT NO. C98-3090 CRB**

2. **SHARON NORRIS V. CCSF ET AL, IN THE AMOUNT OF $50,000**

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 2, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Jr., Ph.D.

President Monfredini encouraged everyone to vote today.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 19, 1999

Action Taken: The Commission unanimously adopted the minutes of October 19, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **CHS – HIV Health Services** – Update on the Filipino Task Force on AIDS for the provision of HIV prevention services.

Dr. Larry Meredith reported on the excellent progress by the contractor in addressing the issues in the monitoring report.

(3.2) **CHS** – Update on the Bayview Hunters Point Foundation for Community Improvement, Inc., for the provision of HIV services and an organization development plan.

Barbara Garcia, Director of Population Health and Prevention, gave an update on the agency's Organizational Development Plan, which is being coordinated with the agency, the Department, and the Support Center for Nonprofit Management.

Michelle Dixon, AIDS Office, gave an update on the HIV contract, expressing her concerns on the contractor's lack of documentation. The next step is to give a 30-day period to come into compliance on the required documentation.

President Monfredini commented that the contractor is in serious trouble; and, unfortunately, this is not the first time this contract has had difficulties. She expressed her support for Barbara Garcia and Michelle Dixon's recommendations to the contractor.

Karen Patterson Matthew, Executive Director of Bayview Hunters Point Foundation Board of Directors, reported the progress made to address the monitoring report. She stated that it is unfortunate that what has been identified as a problem with the specific HIV contract is being extended to the total organization. She stated the overall work of the organization is exemplary; and that she is working towards restructuring of services in the organization.

Dr. Wayzel Fuller, President of the Bayview Hunters Point Foundation, acknowledged the Board's fiscal and legal responsibility over the agency.

Commissioner Hill indicated the Commission is not critical of the organization as a whole and expressed his gratitude for the work of the organization.

Commissioner Umekubo requested a monitoring report in 30 days.

Commissioner Hill requested the Bayview Hunters Point Foundation Board of Directors provide a resolution to the Commission in 30 days, indicating full disclosure and knowledge of the proposed Organizational Development Plan, and concerns on the HIV contract..

There was a discussion on Board structure and size. The Commission does not dictate the size of a Board of Directors but suggests the size of the Board be commensurate with the size of the agency's total budget.

(3.3) **CHS – HIV Health Services** – Request for approval of contract modification with the Support Center for Non-Profit Management for one-time funds, in the amount of $269,279, for a total contract amount of $519,279, to provide HIV CARE Planning Council support and further development of the Reggie system to benefit HIV positive San Francisco residents for the period of March 1, 1999 through February 29, 2000. (DPH contracted with the Support Center for services totaling $1,106,985 during FY 1998-99.)

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(3.5) **EMS Agency** – Request for approval to accept and expend retroactively a continuation grant from Department of Health and Human Services in the amount of $200,000, of which $30,000 will be

used for new subcontracts with AMR/HUSK and TRW, for the continued development of the Metropolitan Medical Response System for the period of April 1, 1999 through April 30, 2000. (DPH did not contract with AMR/HUSK or TRW during FY 1998-99.)

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with specific requests for #3.2.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Halloween – Millennium Dry Run

The City used Halloween as an opportunity to test plans for the upcoming millennium celebration. The City's Emergency Command Center was activated using the Incident Command System to coordinate and respond to Halloween celebrations. The Police Department acted as the Incident Commanders, setting up a command post at the Eureka Valley Recreation Center for the Castro Street celebration. The crowd was reported to be over 250,000 people. Health Department staff were at the ECC and the Police command post, and the SFGH command post communicating with each other by 800 mhz radios.

The Health Department staffed the Castro – Mission Health Center as a Field Care Clinic (FCC). The FCC officially opened at 6:00 p.m. remaining open until 3:00 a.m. Bilingual staff was available on site. The FCC saw 16 patients: of these, 3 were mental health patients, 5 were intoxicated, and 2 were transported to SFGH severely intoxicated.

Four teams of foot patrols (consisting of a Rock Medicine volunteer, an EMT, a substance abuse and mental health worker) patrolled the crowds and responded to 9-1-1 calls forwarded by the command post. The foot teams were a huge success. Over 50 patient contacts were recorded, although we believe that there were at least 15 additional contacts. The heavy traffic on the radio made it difficult to call everything in. The foot teams used stair chairs to transport the injured patients through the crowds. The two most serious reported on-site injuries were a broken ankle, and a severed fingertip.

DPH learned a lot of valuable lessons for the millennium celebrations about staging, team composition, supplies, difficulties in locating patients (and each other). Several times when the foot teams were co-dispatched with EMS, the foot teams were actually first on scene. For example, a foot team was first on scene to a report of an awning collapse. When they arrived to find that the persons who had fallen had left, they were able to cancel the SFFD response. The Emergency Room at SFGH reported its quietest Halloween in 7 years, we believe this can be directly attributed to our efforts at triage in the field. Many thanks to all those who participated in this real life training drill. It is fortunate that Halloween provided an exciting opportunity to test and refine the field care model we have developed for the millennium weekend.

Federal Budget

Congress and the President are still unable to come to agreement on the FY 2000 budget. On October 29, the President signed the third continuing resolution, extending the FY 1999 budget through November 5, 1999. Just one day earlier, on October 28, the House passed the final spending bill of the year, the Labor, Health and Human Services (Labor/HHS) budget bill. However, the President has indicated that he will veto this bill.

There are a number of issues that still remain a barrier to finalization of the budget. Among these are the environment, education, foreign policy issues, and spending limits imposed by the Balanced Budget Act. Department staff will continue to monitor the federal budget and work with the City's federal lobbyist to ensure the maximum level of funding for health care programs.

Proposition 187

On October 27, Ron Prince, the Chairman of the Proposition 187 movement, announced that he will likely pursue a similar initiative for the November 2000 ballot. Proposition 187 would have barred the State from providing public services, such as education and non-emergency health care services, to undocumented residents. Additionally, it would have required various State and local agencies to report persons who are suspected of being undocumented to the California Attorney General and the United States Immigration and Naturalization Service. As you know, the City opposed Proposition 187.

The proposed 2000 ballot measure would prevent the Legislature from passing any laws permitting the provision of State or local benefits to undocumented residents. A second proposed ballot initiative would require the Governor to defend initiatives to the U.S. Supreme Court, if necessary, and allow proponents to be co-defendants. As both ballot initiatives would seek to amend the State's Constitution, they would need to be passed by two-thirds of the voters.

Additionally, Prince is considering a third ballot initiative that would require public schools to count the number of undocumented residents enrolled. He has not yet, however, decided whether to pursue such an initiative.

The Department will monitor these proposed initiatives closely. Should this issue gain momentum, the Department will develop a comprehensive strategy to educate the community, staff and other City Departments on the position adopted by the Board of Supervisors to provide health care services regardless of immigration status.

Proposition 10

On October 28, the Secretary of State announced that an initiative to repeal Proposition 10 had qualified for the March 7, 2000 ballot. As the Health Commission is aware, Proposition 10 placed a 50 cents per pack tax on cigarettes and a similar tax on other tobacco products. The money generated by this tax increase funds early childhood development programs and programs that prevent or reduce tobacco, alcohol and other drug use during pregnancy.

The official title and summary of the initiative is as follows:

> **Repeal of Additional Tobacco Surtax Enacted by Proposition 10. Initiative Statute**
>
> Repeals additional $.50 per pack tax on cigarettes and equivalent increase in State tax on tobacco products previously enacted by Proposition 10 at the November 3, 1998, election.
>
> Provides for elimination of funding for Proposition 10 Early Childhood Development and Smoking Prevention Programs. Prohibits imposition of additional surtaxes on the distribution of cigarettes or tobacco products, unless enacted by the State Legislature. Provides that all additional tobacco taxes previously collected under Proposition 10 shall be appropriated and expended, at which time the California Children and Families First Trust Fund shall terminate.

The City, in particular the Department of Children, Youth and Their Families, and Department of Public Health staff, will monitor this issue closely and keep the Health Commission apprised of its progress.

Departmental Strategic Planning Initiative

Last month the Department's Strategic Planning Steering Committee and its sub-committees met twice to receive an orientation on the Strategic Planning Initiative. The first meeting provided all

committee and subcommittee members with an opportunity to review the key strategic issues facing the Department, discuss the planning process ,and review the goals and objectives of this effort. The second meeting provided all committee members with necessary background information on health trends, health status, health mandates, and the Department's revenues and expenditures. In addition, committee members received a summary report of Community Advisory Council recommendations.

The Finance sub-committee will present its proposed strategic approaches to fiscal year 2000-01 financing issues to the Strategic Planning Steering Committee on November 16, 1999. The Department is scheduled to present a proposed resolution to the Health Commission at its December 7, 1999 meeting regarding these financing issues. The Populations and Programs and the Communications sub-committees will hold their first meetings within the next two weeks. The Department's strategic planning web site is operational and information may be accessed by logging on to www.dph.sf.ca.us/stratplan.

COMMUNITY HEALTH NETWORK

Laguna Honda Resurvey Inspection Commences

On October 26th, a team of six State Licensing and Certification surveyors arrived unannounced at Laguna Honda to commence a monitoring survey to check compliance of the implementation of the Hospital's approved Plan of Correction. The Survey Team reported that they anticipated being at the Hospital through this week. I will report on the outcome of the resurvey as soon as the results are available.

LHH Annual Employee Recognition Dinner

On the evening of October 28th, Laguna Honda Hospital celebrated its annual Employee Recognition Dinner honoring employees reaching 5-year milestones in tenure. Over 50 employees received honorable recognition, topped by Walter Ahrens who is celebrating his 35th anniversary at Laguna Honda. Over 280 people attended the awards presentation, banquet dinner, costume party and dance.

State Senator Speier, Mayor Brown and City Attorney Renne were recognized by DPH for their efforts to rebuild Laguna Honda. The evening was a spectacular event that added to the fervor of saving Laguna Honda for future generations while honoring the committed staff who serve the residents of the Hospital.

Health at Home

November is National Home Care Month and DPH will celebrate by honoring the dedicated staff and volunteers of Health at Home, the home health agency of the Community Health Network. Health at Home's staff of RN's, social workers, occupational and physical therapists, home health aides and volunteers make over 17,000 home visits annually to more than 800 patients. There will be an Open House November 17th from 3:00 - 6:00 p.m., at 45 Onondaga (corner of Alemany Blvd.)

POPULATION HEALTH AND PREVENTION

Women's Health Services

"Time for Healing, Time for Change," the second Bayview Hunters Point Town Hall meeting on Breast Cancer was attended by approximately 200 people October 27. The Bayview Hunters Point breast cancer quilt was on display and Our Lady of Lourdes Miracles choir sang. The audience heard presentations from a breast cancer survivor, from the spouse of a breast cancer survivor, an acupuncturist, and SFGH Oncologist Judith Luce.

This event was a collaborative effort between DPH staff, community based organizations and community residents who came together following the first Bayview Hunters Point town hall meeting. Special recognition goes to Barbara Cicerelli, Woman's Care Navigator with Breast and Cervical Cancer Services, for her outstanding leadership in organizing and staffing this event.

Violence Prevention

The Health Promotion Section of the Community Health Promotion and Prevention was awarded $48,000 from the Department of Health Policy and Management, Harvard School of Public Health, to continue and expand our efforts in piloting the Multi-Agency Active Firearm Surveillance Program. Over the last three years through several State grants and through City general funds the Section has been collecting, analyzing, and reporting firearm injury-related data.

Initial analysis of data demonstrated that a multi-agency approach is required for a full appreciation of the nature and scope of firearm-related injuries. Over the past year vital links have been established with the San Francisco Police Department, Medical Examiner's Office, San Francisco General Emergency Department and Trauma Unit, Emergency Medical Services, and University of California San Francisco Injury Center.

Developing a single comprehensive clearinghouse of all information pertaining to firearm incidents will clarify the impact of firearm-related injuries occurring in San Francisco. One of the primary goals of the funders at Harvard is to create a national firearm injury surveillance system, and San Francisco's success in developing a data collection and analysis program has positioned us for the award of these funds. The San Francisco project will serve as one of six national prototypes that are currently being developed in Maine, Maryland, Utah, Atlanta, and Allegheny, PA.

5) **UPDATE ON 1998-99 YEAR-END DEPARTMENT OF PUBLIC HEALTH FINANCIAL REPORT**

Monique Zmuda, Chief Financial Officer, reported the following:

Based on preliminary fiscal year-end closing statements, the Department of Public Health is projecting a surplus of $6.4 million for FY 1998-99. This is $5.6 million more than the 0.8 million previously reported to the Health Commission in September, based on 4th quarter projections. This increase in the fiscal year surplus is primarily as a result of:

- Additional prior year beginning balances at San Francisco General Hospital that were higher than reported on the City's accounting system;
- Additional closeouts of unspent capital project funding from prior years; and,
- Closeout of encumbrances for expenses which were not made during the fiscal year, yielding an additional savings beyond that originally estimated.

San Francisco General Hospital	$ 285,142
Laguna Honda Hospital	(1,216,962)
Primary Care	(2,783,801)
Forensics	223,718
Subtotal CHN	(3,491,903)
Population Health and Prevention	9,933,152
Total DPH	$6,441,249

Ms. Zmuda reported the annual audits of the Department are being done. Results of the audits are expected to be completed by November and will finalize the surplus for the FY 1998-99.

6) FIRST QUARTER REPORT FY 1999-00 REVENUE AND EXPENDITURE REPORT

Monique Zmuda, Chief Finance Officer, reported the following:

The Department of Public Health is projecting a year-end deficit of $3.9 million for FY 1999-00 based on expenditures and revenues for the first quarter ending September 30, 1999. This amount represents less than half of 1% of the Department's total operating budget of $923 million. Projections include revenue shortfalls of $2.5 million and over expenditures of $1.4 million.

The following table shows projected fiscal year revenues and expenditures by division.

Projected FY 1999-00 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$ 470,275,015	$ 468,311,896	$ (1,963,119)	$ 470,275,015	$ 471,207,163	$ (932,148)	$ (2,895,267)
Laguna Honda	122,945,241	124,562,051	1,616,810	122,945,241	124,562,051	(1,616,810)	0
Primary Care	40,507,454	38,914,028	(1,593,426)	40,507,454	40,550,467	(43,013)	(1,636,439)
Forensics	21,703,666	21,703,741	75	21,703,666	22,408,486	(704,820)	(704,745)
Subtotal	655,431,376	653,491,716	(1,939,660)	655,431,376	658,728,167	(3,296,791)	(5,236,451)
Population Health & Prevention							
Central Admin	18,039,349	18,067,859	28,510	18,039,349	17,708,855	330,494	359,004
Community Health	53,881,054	53,695,896	(185,158)	53,881,054	52,976,134	904,920	719,762
Mental Health	140,188,516	139,736,892	(451,624)	140,188,516	139,696,438	492,078	40,454
Substance Abuse	56,231,189	56,294,648	63,459	56,231,189	56,037,579	193,610	257,069
Subtotal	268,340,108	267,795,295	(544,813)	268,340,108	266,419,006	1,921,102	1,376,289
Total DPH	923,771,484	921,287,011	(2,484,473)	923,771,484	925,147,173	(1,375,689)	(3,860,162)

Ms. Zmuda reported that the budget will be closely monitored. At Commissioner Chow's request, updates will go to the Joint Conference Committee of the Community Health Network, looking at primary care, productivity, and revenues and expenditures. She stated that the deficit for the first quarter is manageable.

In answer to Commissioner Hill's question whether a supplemental will be needed, Ms. Zmuda replied no.

Commissioner Chow raised the issue of the census at San Francisco General Hospital and the impact of the Mount Zion closure on emergency services.

Commissioner Umekubo requested clarification on increased Medi-Cal revenues.

Commissioner Guy observed that underestimates on Medi-Cal revenues need to be watched. The trend of more unsponsored patients is not decreasing.

7) PRESENTATION OF A LEGISLATIVE REPORT

Tangerine Brigham, Director of Policy and Planning, gave an overview of the 1999 California Legislative Session:

- Summary of Selected Enacted Legislation (1999)
- Summary of Selected Failed Legislation (1999)
- Summary of Selected Pending Legislation (2000)
- Disposition of 1999 Legislative Priorities
- Legislative Priorities for 2000

For a copy of the full report, contact the Commission Office (554-2666). (Attachment A). Ms. Brigham reported that the Planning staff will work with the State Department of Health Service and the Governor's Office to help formulate a health agenda.

Commissioners' Comments:

- Commission should take a more active role in determining legislative priorities
- Commission is to advocate for health issues
- Commission needs to be informed and strategic
- Health advocacy partnerships between the public and private sectors should be encouraged
- Need to work with the newly-formed State Department of Managed Care
- Legislative report was thorough and extraordinary

Public Speakers: Nathan Nayman, Hospital Council, advocated the framing of health care bills (i.e., access to health, cost of health care, health work force).

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

Action Taken: The Commission unanimously voted to hold a closed session.

The Commission went into closed session at 4:30 p.m.

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION.

1. DARCEL GRACE V. CCSF, IN THE AMOUNT OF $131,050, U.S. DISTRICT COURT NO. C98-3090 CRB

2. SHARON NORRIS V. CCSF ET AL, IN THE AMOUNT OF $50,000

The Commission came out of closed session at 5:15 p.m.

Action Taken: The Commission approved the settlement for Darcel Grace v. CCSF in the amount of $131,050, and the settlement for Sharon Norris v. CCSF in the amount of $50,000.

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Action Taken: The Commission voted not to disclose any discussions held in closed session.

The meeting was adjourned at 5:20 P.M.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

LEGISLATIVE REPORT

This document provides a review and final status report for selected health-related legislation from the 1999 California legislative session, the first year of the 1999-2000 two-year session. The bills have been divided into major topic areas. This document also outlines legislative initiatives that the Department will pursue during 2000, the second year of the legislative session.

The appendix provides summary information on the legislative process as well as two legislative matrices of enacted, failed and pending bills – one by bill number and the other by key phrase. Enacted bills are those that have been "chaptered" and failed bills are those that have been "vetoed." Bills with a status of "active" or "inactive" are pending before the Legislature. These bills must be voted out of the house in which they originated (Assembly or Senate) by January 31, 2000 in order to remain active. The Legislature reconvenes on January 3, 2000. The bill matrix indicates the City and County of San Francisco's position on bills, where taken. The City does not take positions on all health-related bills because not all tracked bills have a direct and clear impact on San Francisco.

All bills tracked by the Department are distributed to members of the Department's Legislative Committee to assess their programmatic, fiscal and policy impact. The Department works with the Mayor's Office of Legislative Affairs and San Francisco's State lobbyist to adopt and advocate positions on legislation. Additionally, Department representatives participate in developing legislative policy with the California Association of Public Hospitals, the County Health Executives Association of California, the California HIV Surveillance Coalition, the California Immigrant Welfare Collaborative, and other organizations that represent the Department or its clients.

In total, 3,017 bills were introduced during the first year of this two-year legislative session. Of these, 1,271 bills won passage through both houses of the Legislature and made it to the Governor's desk. There were 502 health-related bills tracked by the Department. Of those bills, 201 were sent to the Governor who signed 160 and vetoed 41.

During the 1999 legislative year, there were a significant number of bills introduced concerning managed care, State tobacco settlement funds, the California Healthy Families Program, firearms control, standards and regulations for health care facilities and providers, environmental health and ensuring adequate services and protections for seniors. The majority of the Healthy Families bills did not pass out to the Legislature because the program was expanded as part of the Governor's 1999-00 State budget. The highlights of the 1999 legislative session include the Governor signing legislation concerning:

- mental health parity,
- managed care,
- needle exchange,
- funding mechanism for replacement of skilled nursing facilities,
- universal health coverage (report on the options) and
- injury prevention.

However, it should be pointed out that in some cases, the signed bills were significantly modified from their original intent in order to obtain the Administration's approval.

The most significant health reform package signed by the Governor related to managed care. Governor signed 21 managed care related bills designed to improve access and quality. One of these bills establishes a new state agency to oversee the licensing and regulation of health care services plans – the Department of Managed Care within the Business, Transportation and Housing Agency. In the area of HIV/AIDS-related legislation, the Governor signed bills to: (1) implement needle exchange, (2) provide for workforce re-entry, (3) fund research on efficacy of medicinal marijuana and (4) expand the AIDS Drug Assistance Program.

As the Department prepares for the second year of this legislative session, the following themes emerge:

- the Administration will most likely not support legislation which designates State tobacco settlement funds towards a specific purpose under the premise that it should have discretionary control over these funds,
- legislation to expand entitlements or make Healthy Families an entitlement will not be supported by the Governor,
- increased legislative interest in enacting health insurance reform and covering more uninsured Californians,
- pending legislation in the areas of the Medical Injury Compensation Reform Act, continued cost-based reimbursement for federally qualified health centers and giving local government authority to prevent health care facility closures will be strongly pursued.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
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David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

/99

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

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AGENDA

HEALTH COMMISSION MEETING

November 16, 1999
3:00 P.M.
at
City Hall
Board of Supervisors Chamber (Room 250)
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING NOVEMBER 2, 1999

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **DPH-Administration** – Request for approval to accept a gift of a bus for Laguna Honda Hospital from Laguna Honda Hospital Volunteers, Inc., valued at $125,106.

(3.2) **PHP-CHS-Community Mental Health Services** – Request for approval to enter retroactively into an expanded cooperative program agreement with the Department of Rehabilitation, San Francisco District, including a required match of $181,355, to provide vocational services to mentally ill psychiatric clients, for the period of July 1, 1999 to June 30, 2000.

(3.3) **PHP-CHS-CMHS** – Request for approval of retroactive contract renewal with Homeless Children's Network (HCN), in the amount of $51,052, to provide early and periodic screening, diagnosis and treatment (EPSDT) program for homeless children, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with HCN for services totaling $24,995 during FY 1998-99).

(3.4) **PHP-CHS-CMHS** – Request for approval of retroactive contract renewal with Mercy Psychiatric Services Corporation (MSC), in the amount of $498,066 per year for a total of $1,992,264, for the provision of day treatment mental health services targeting adolescents, for the period of July 1, 1999 through June 30, 2003. (DPH contracted with MSC for services totaling $982,180 during FY 1998-99).

(3.5) **PHP-CHS-CMHS** – Request for approval of retroactive contract renewal with Westside Community Mental Health Center, Inc. (WCMHC), in the amount of $1,557,269, to renew a Managed Care program serving severely mentally ill adult clients, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with MCMHC for services totaling $13,932,677 during FY 1998-99).

(3.6) **PHP-CHS-CMHS** – Request for approval of retroactive contract renewal with the Regents of the University of California, Clinical Practice Group (UCSF/CPG), in the amount of $2,849,948, to renew a Managed Care program serving severely mentally ill adult clients, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with UCSF/CPG for services totaling $2,793,130 during FY 1998-99).

(3.7) **PHP-CHS-CMHS/CSAS** – Request for approval of retroactive contract renewal with Baker Places, Inc., for a total of $8,048,976, to provide residential, rehabilitation, intensive day treatment and detoxification services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Baker for services totaling $13,650,662 during FY 1998-99).

(3.8) **PHP-CHS-CSAS** – Request for approval of retroactive contract renewal with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $4,604,457 per year, for a total of $9,208,914, to provide substance abuse services consisting of residential, outpatient, day treatment, prevention, outreach and administration, targeting substance abusers or those at risk for substance abuse -- including services specific to women, African-American families, Asians/Pacific Islanders, people with HIV or at-risk of HIV infection, homeless persons and parolees—for the period of July 1, 1999 through June 30, 2001. (DPH contracted with HAFC for services totaling $13,406,339 during FY 1998-99).

(3.9) **PHP-CH&S-Seroepidemology and Surveillance** – Request for approval to accept and expend a grant in the amount of $800,000 from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, to conduct an evaluation of the HIV and STD Prevention program decision-making processes with a sole source subcontract with the Regents of the University of California, San Francisco, Center for AIDS Prevention Studies, for $37,588, for the period of September 30, 1999 through September 29, 2003.

(3.10) **PHP-CH&S-Seroepidemology and Surveillance** – Request for approval to accept and expend a grant in the amount of $359,813 from the U.S. Department of Health and Human Services, Centers for Disease Contraol and Prevention, to study the characteristics of the HIV epidemic in the San Francisco area for the period of September 30, 1999 through September 29, 2002.

(3.11) **PHP-HIV Prevention** – Request for approval of contract term extensions with the following contractors for AIDS prevention services for the period of January 1, 2000 through March 31, 2000: Aguilas, Inc.; Asian and Pacific Islander Wellness Center; CAL-PEP; California AIDS Intervention Training Center; Glide Foundation; Haight-Ashbury Free Clinics, Inc.; Instituto Familiar de la Raza; Iris Center; Kaiser Foundation Research Institute; Mission Neighborhood Health Center; Polaris Research and Development, Inc.; Stop AIDS Project; The Support Center;

Tenderloin AIDS Resource Center; UCSF-Office of Research Affairs; UCSF-AIDS Health Project; and UCSF-Urban Health Study.

4) DIRECTOR'S REPORT (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR NOVEMBER 1999

6) TIME SPECIFIC: 3:30 P.M. – PROP Q HEARING ON UCSF/MT. ZION MEDICAL CENTER (SEE ATTACHMENTS)

7) OTHER BUSINESS/PUBLIC COMMENTS*

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
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NOTICE

SPECIAL PUBLIC HEARING
HEALTH COMMISSION MEETING

Tuesday, November 16, 1999
Time Specific: 3:30 p.m.
City Hall – Room #250
Board of Supervisors Chambers
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Public hearing, in accordance with the Health Care Planning Ordinance (Proposition Q – 1988), to consider the impact of the following changes on health care services of the community at UCSF/Mount Zion Medical Center.

See notice attached

Persons unable to attend this public hearing may submit written comments to: Lee Ann Monfredini, President, Health Commission, 101 Grove Street, Room #311, San Francisco, CA 94102

NOTICE

Pursuant to Appendix Q to the San Francisco Charter, UCSF Stanford Health Care gives notice of its intention to eliminate or reduce the following services at UCSF/Mount Zion Medical Center:

Services to be Eliminated	Estimated Number of Patients Affected*	Estimated Number of Employees Affected*
Acute care medical/surgical beds, including ICU/CCU	515 per month	483
Acute Rehabilitation Unit	21 " "	57
Skilled Nursing Facility	72 " "	58
Emergency Department	1,239 " "	50
Cardiac Catherization Laboratory	33 " "	4

Services to be Reduced	Estimated Number of Patients Affected*	Estimated Number of Employees Affected*
Operating Rooms (reduced to provide ambulatory surgery only)	230 per month	116
Ancillary services, such as laboratory, pathology and radiology (reduced to support outpatient services only)	609 " "	72

Physicians' offices, outpatient clinics, and the Cancer Center will remain open, and will continue to offer outpatient care, including cancer care, primary care, specialty physician services, imaging and diagnostics, and ambulatory surgery. UCSF Stanford Health Care also plans to develop an Urgent Care Center at Mount Zion.

The precise timetable for the elimination and reduction of these services has not yet been determined. UCSF Stanford Health Care will inform its employees, the public, and the Health Commission of the timetable when it has been determined. ***Patients who are in the hospital now will continue to receive care at UCSF/Mount Zion or, if clinically appropriate, will be transferred to UCSF Medical Center.***

*This notice is required by Appendix Q of the San Francisco Charter, which requires the specification of the number of patients and employees affected. Many of the employees identified in this notice as affected by these changes will be offered transfers to UCSF Medical Center or other UCSF Stanford facilities, and most patients identified as affected by these changes will be able to obtain care at UCSF Medical Center.

The estimates of affected patients are based on the number of patients seen over the last year. The estimate for Emergency Department patients is based on the number of Emergency Department visits over the last year, and includes 260 patients per month who are admitted as inpatients and also included in the estimate for the inpatient service.

For more information call:		
	Members of the public	885-3607
	Patients and their families	885-7437
	Employees	Contact your Supervisor

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
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HEALTH COMMISSION
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 16, 1999
3:00 p.m.

City Hall
Board of Supervisors Chamber (Room #250)
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini at 3:00 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 2, 1999

Action Taken: The Commission unanimously adopted the minutes of November 2, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **DPH-Administration** – Request for approval to accept a gift of a bus for Laguna Honda Hospital from Laguna Honda Hospital Volunteers, Inc., valued at $125,106.

Commissioner Hill acknowledged the generosity of the LHH Volunteers, including their $250,000 contribution towards the passage of Proposition A, the Laguna Honda Hospital Replacement Bond. Jean McClatchy-Bricker, President of the Laguna Honda Volunteers, was introduced.

(3.2) **PHP-CHS-Community Mental Health Services** – Request for approval to enter retroactively into an expanded cooperative program agreement with the Department of Rehabilitation, San Francisco District, including a required match of $181,355, to provide vocational services to mentally ill psychiatric clients, for the period of July 1, 1999 to June 30, 2000.

(3.3) **PHP-CHS-CMHS** – Request for approval of retroactive contract renewal with Homeless Children's Network (HCN), in the amount of $51,052, to provide early and periodic screening, diagnosis and treatment (EPSDT) program for homeless children, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with HCN for services totaling $24,995 during FY 1998-99).

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Commissioner Hill requested an update on the contractor's cultural competency plan by reporting the update to the Joint Conference Committee on Population Health and Prevention.

Commissioner Umekubo abstained on this item due to conflict of interest.

(3.5) **PHP-CHS-CMHS** – Request for approval of retroactive contract renewal with Westside Community Mental Health Center, Inc. (WCMHC), in the amount of $1,557,269, to renew a Managed Care program serving severely mentally ill adult clients, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with MCMHC for services totaling $13,932,677 during FY 1998-99).

(3.6) **PHP-CHS-CMHS** – Request for approval of retroactive contract renewal with the Regents of the University of California, Clinical Practice Group (UCSF/CPG), in the amount of $2,849,948, to renew a Managed Care program serving severely mentally ill adult clients, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with UCSF/CPG for services totaling $2,793,130 during FY 1998-99).

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.7) **PHP-CHS-CMHS/CSAS** – Request for approval of retroactive contract renewal with Baker Places, Inc., for a total of $8,048,976, to provide residential, rehabilitation, intensive day treatment and detoxification services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Baker for services totaling $13,650,662 during FY 1998-99).

In response to Commissioner Hill's inquiry on the agency's master contract, Executive Director Jonathan Vernick stated his hope that the consolidation of contracts would also lead to the integration of requested information and integration of the monitoring process.

(3.8) **PHP-CHS-CSAS** – Request for approval of retroactive contract renewal with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $4,656,016 per year, to provide substance abuse services consisting of residential, outpatient, day treatment, prevention, outreach and administration, targeting substance abusers or those at risk for substance abuse -- including services specific to women, African-American families, Asians/Pacific Islanders, people with HIV or at-risk of HIV infection, homeless persons and parolees—for the period of July 1, 1999 through June 30, 2000.

Darryl Inaba, Interim Executive Director; and Willard Harris, President of the Board, thanked the Commission and Department for their support in providing technical assistance on the agency's financial difficulties. A corrective plan has been put in place.

Commissioner Hill, acknowledging the long relationship between the Department and the agency, requested a progress report be given to the Budget Committee in 90 days (February 15, 2000).

(3.9) **PHP-CH&S-Seroepidemiology and Surveillance** – Request for approval to accept and expend a grant in the amount of $800,000 from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, to conduct an evaluation of the HIV and STD Prevention program decision-making processes with a sole source subcontract with the Regents of the University of California, San Francisco, Center for AIDS Prevention Studies, for $37,588, for the period of September 30, 1999 through September 29, 2003.

Commissioner Umekubo requested a copy of the evaluation report.

(3.10) **PHP-CH&S-Seroepidemiology and Surveillance** – Request for approval to accept and expend a grant in the amount of $359,813 from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, to study the characteristics of the HIV epidemic in the San Francisco area for the period of September 30, 1999 through September 29, 2002.

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Commissioner Sanchez abstained on the UCSF contracts due to conflict of interest.

Commissioner Chow commented on the long history and valuable partnership with Haight Ashbury Free Clinics, Inc. He encouraged the Department to provide technical assistance in the finance area.

Commissioner Parker pointed out an error in the total program costs for #3.2. He also requested clarification on staffing and clients served in #.3.3.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

COMMUNITY HEALTH NETWORK

Public Mandate and Proposition A Victory

The Department reported on the stunning Proposition A - Laguna Honda bond victory on November 2nd. An overwhelming 73% of the electorate supported the initiative.

The Department of Public Works has drafted a Request for Qualifications for selection of a design team. That document is under review by the City Leadership Team (Tony Irons, Louise Renne, Tony Wagner, Larry Funk and Mitch Katz) and should be finalized and advertised within the next few weeks. The selection of the design team will be completed within two to three months and award of a contract to be approximately one month later. Tony Irons, the City Architect, is the point person on the Laguna Honda Replacement Project.

Monique Moyer, the City's Public Finance Officer, will develop a schedule for sale of bonds to coincide with the cash flow needs of the project. Dr. Katz extended his heartfelt thanks to all of the Commissioners for their leadership and support.

State Licensing and Certification Resurvey of LHH

A team of seven State Licensing and Certification staff conducted a resurvey of Laguna Honda from October 26th through November 3rd to monitor compliance with its approved Plan of Correction submitted in September. The survey team provided a brief exit conference November 3rd and presented preliminary findings subject to Licensing and Certification supervisorial review and HCFA approval.

The preliminary findings showed that most of the items contained in the Plan of Correction had been satisfactorily completed. However, in some program areas, additional deficiencies were reportedly observed.

The State survey staff reported that pursuant to consultation with their Regional Office and HCFA, they would transmit the survey report to the Hospital in approximately ten days. The Hospital staff has begun addressing the deficiencies identified by the survey team and will respond to the State report when it is received.

POPULATION HEALTH AND PREVENTION

STD Urine Screening Program

In September a urine-screening program for gonorrhea and chlamydia was implemented at the Emergency Department of SFGH for anyone between the ages of 15-25 who had a urine specimen taken for other clinical purposes. To date, 57 clients have been tested and five were positive, for a positivity rate of 8.8%. Clients with positive tests are followed up by Disease Control Investigators and referred to City Clinic for treatment, as needed.

City-Wide Influenza Coordinating Committee (CWIC)

This year, the Communicable Disease Prevention Unit has launched a collaborative effort between private, public, and community-based organizations to coordinate citywide efforts aimed at influenza prevention. This new effort compliments our traditional influenza program, which has used vaccine from the State to target San Franciscans at high risk for the complications of influenza. CWIC has received considerable interest and support from the community; we look forward to expanding the citywide network in years to come. For more information, please contact Shelley Arnold, Influenza Program Coordinator at 554-2852.

SFGH Medical Staff Credentials Report

	11/99	YTD
New Appointments	38	171
Reinstatements	1	
Reappointments	37	364
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	16	181
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0

Changes in Privileges		
Additions	1	27
Voluntary Relinquishment	0	6

President Monfredini acknowledged her fellow Commissioners, Dr. Katz, his staff, and the Laguna Honda Hospital Volunteers for their hard work and support for Prop A, the Laguna Honda Bond Initiative.

Commissioner Chow thanked the voters for their overwhelming mandate for the Laguna Honda Hospital Bond.

Commissioner Guy expressed her appreciation to the Laguna Honda Hospital Volunteers for their leadership, compassion and generous contribution towards Prop A.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR NOVEMBER 1999**

On behalf of the Commission, President Monfredini presented the November Employee Awards to:

Individual	Division	Nominated by:
Denise Jones, Ph.D. Program Director	Community Health Services – Mental Health/ Children, Youth Family Section, Foster Care Mental Health Program	Sai-Ling Chan-Sew, Director
Patricia Johnson	Central Administration - Office of Contracts Management	Galen Leung, Director
Brian Katcher, Pharm.D.	PH&P – Community Health Promotion and Prevention Branch	Larry Meredith, Ph.D.
Maryanne Mock, LCSW Program Director	Southeast Children and Family Therapy Center, Children Youth & Family Section, Community Mental Health Services	Sai-Ling Chan-Sew, Director

6) **TIME SPECIFIC: 3:30 P.M. – PROP Q HEARING ON UCSF/MT. ZION MEDICAL CENTER**

President Monfredini outlined the format for this Proposition Q hearing and announced the Commission will hear testimony till at least 6:30 p.m. This hearing was televised on Citywatch, Channel 54. Written comments can be sent to Sandy Mori, Executive Secretary to the Commission.

At the December 7, 1999 Commission meeting, the Commission will determine whether the closure of UCSF/Mt. Zion will or will not be detrimental to the health service of the community.
Dr. Lee Goldman, representative for UCSF/Mt. Zion, gave a report on the future of UCSF/Mt. Zion Hospital, with assumptions, key points, a consensus plan, and the changes based on financial and space issues. For a copy of the report, contact the Commission Office (554-2666).

Dr. Brian Goodell, representative for UCSF/Stanford Health Care, gave an overview of the UCSF/Mt. Zion restructuring, with the background of the decision, what will stay at Mt. Zion service changes and transition plan, and the effects of the changes and mitigation. For a copy of the report, contact the Commission Office (554-2666).

Dr. John Brown, EMS Medical Director, submitted an impact analysis for the intended closure of UCSF/Mt. Zion Emergency Department. For a copy of the analysis, contact the Commission Office (554-2666).

This impact evaluation assesses the effect a proposed hospital Emergency Department closure or downgrade has upon community access to emergency care according to guidelines found in local policy EMS Agency Policy. In June of this year, the EMS Section released Policy #8001, The Emergency Department Downgrade of Closure Impact Evaluation Policy. The EMS Section developed this policy using the State Emergency Medical Services Authority's Impact Evaluation Policy Guidelines and input from a public comment process.

This report offers an assessment of the impact of the closure of the Mt. Zion Emergency Department on the Emergency Medical Services System in San Francisco. Briefly summarized, there are three potential major untoward effects:

- Hospital diversion rates will increase this winter
- Emergency medical response capability during a major disaster will be decreased
- Patients will continue to go to the Mt. Zion Hospital with emergent medical conditions

These events would be detrimental the community's health and well being.

Dr. Katz, representative for Mayor Brown's views, reported that the Mayor strongly supports Mt. Zion and expresses his concern on losing another Emergency Room. This loss of capacity would compromise health care in the City and County of San Francisco. Mayor Brown is in contact with State and Federal leaders regarding financial support for Mt. Zion. If there is no way of keeping Mt. Zion's in-patient and Emergency Room open, he would ask UCSF/Stanford Healthcare to develop more emergency room slots at UCSF prior to closing any ER beds at Mt. Zion.

Supervisor Sue Bierman, Chairperson of the Public Health and Environment Committee of the Board of Supervisors, encouraged the Commission to join the Board, Mayor, State and Federal legislators to keep Mt. Zion open.

Tomas Lee, aide to Board President Tom Ammiano, gave a historical background of Mt. Zion and reported President Ammiano had introduced a resolution opposing the closure of Mt. Zion. President Ammiano is working with the Mayor, State and Federal legislators to find funding to save Mt. Zion.

John Schweizer, Chief of Staff for State Senator Jackie Speier, and representing Senators Dianne Feinstein and Barbara Boxer, Congresswoman Nancy Pelosi, and Assemblyman Kevin Shelley, stated if the City commits funding to Mt. Zion, the State will be asked again for State funding for Mt. Zion.

Sharon Johnson, Chief of Staff for State Senator John Burton, expressed support for Mt. Zion and opposes the closure.

Commissioners' questions and comments:

- What is the role of Adult Urgent Care?
- The loss of critical care beds and the loss of skilled nursing beds have a negative impact.
- Why is not the size and capacity of Mt. Zion being increased?
- Would UCSF reconsider configuration?
- San Franciscans have always risen to the task. This is an opportunity to relook at a community institution and work collaboratively with State and Federal legislators.

- Health institutions are under severe duress.
- What are the estimates for seismic costs for in-patient and ambulatory units?
- Closing another hospital would be detrimental to the health of the City.
- Commission will be able to ask more questions to the UCSF/Stanford Health Care representatives.
- Let Commission know the status of the physician contract.

Public Speakers:

Points raised by speakers:

- ✓ Increased diversion not solely due to closure of Mt. Zion
- ✓ Keep Mt. Zion open
- ✓ Need to address funding for health care
- ✓ Lack of affordability for health care
- ✓ December 7 is too late for a decision; need a commitment today
- ✓ Worst day to close ER is December 23
- ✓ Need a healing and transition period
- ✓ Need for facilities to take care of more uninsured
- ✓ Request another audit of UCSF
- ✓ Negative impact on the Western Addition and Russian emigrees
- ✓ Full public disclosure after dissolution of UCSF/Stanford merger
- ✓ Treat health care similar to public safety issues
- ✓ Closure of Mt. Zion is criminal and a disgrace
- ✓ Overwhelming number of speakers opposed the closure
- ✓ Begin negotiations to create a public hospital owned by the people
- ✓ Merger was a ploy to get rid of Mt. Zion
- ✓ Patient care, not research, should be a priority

List of public speakers:

Dr. William Goodman, President, S.F. Medical Society
Jackee Bryson
Nathan Nayman, Hospital Council
Laurel Hedgson, Mt. Zion Emergency Department
Richard Hansen, Richmond Democratic Club
Dr. Reuven Jaffe
Julie Jones, Mt. Zion Emergency Department
Shirley Hansen
Michael Lyon, Emergency Coalition to Save Public Health
Thomas J. Peitz, M.D., S.F. Emergency Physicians Association
Fred Alvarez, Bayview Community Collaborative
Fred Mayer, Pharmacists Planning Services, Inc.
Charlotte Breckenridge, Bayview Community Collaborative
Roman Abad, Mt. Zion food service worker
Bill Chin, Mt. Zion cook
Dorris M. Vincent, Bayview Hunters Point resident
Greg Smith, Bay Area Council
Lynn S. Carman, citizen and attorney
Don Bechler, Health Care for All
Lawrence Baker, UCSF Stanford Health Care, AFSCME Union

Meredith Mendelsohn for Dr. Laura Esserman, UCSF Cancer Center
Valentin Kheyfets
Ella Zabova, Mercy Terrace Apartments
Boris Moldansky, Russian Association of Veterans of WW II
Libby Sayre for Karen MacLeod , UPTE-CWA 9119
Marie Malliett, Communications Workers of America, District 9, AFL/CIO
Lisa Tate, UPTE
Vicky Dayan, CNA
Jacqui Gough, CNA
Amy Casey, Nurses for Social Responsibility
Cathy Imbelluro, R.N., UCSF Stanford
Steve Kwan
Edith McMillan
Richard Ow, labor member
Nora Roman, R.N., Committee for Health Rights in the Americas
Thomas Shuster, R.N., UCSF Mt. Zion nurse
Luisa M. Gomez, AFSCME
Dr. Herb Goodman, UCSF/Mt. Zion Hospital
Spike Kahn, AFSCME Union, Local 829
Deborah Campbell, community activist and CNA nurse
Corey Menotti, AFSCME Union, Local 829
Mary Higgins, UCSF employee
Allen White
David Twedell, SEIU Local 250

Commissioners' comments:

- Mitigating items remain on the hours for adult urgent care and cultural competency at the UCSF Campus
- Questions may still be submitted to the Executive Secretary for the UCSF/Mt. Zion representatives
- Support a facilitation process with legislators and rethink the reconfiguration plan
- Commission decision will not be legally binding
- UCSF mission includes research, teaching, public service, and patient care
- Timing of the Mt. Zion closure on December 23 would be a disaster; irresponsible not to discuss this now
- Dr. Katz and Health Commissioners to re-open dialogue

7) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 6:45 P.M.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

7/99

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

December 7, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING NOVEMBER 16, 1999**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) Update from Bayview Hunters Point Foundation on requests from the Health Commission.

(3.2) **CHN-Office of Managed Care** – Request for approval of a new service agreement between the Department of Public Health and Beech Street Corporation, the preferred provider organization (PPO) engaged by the Health Service System for City Plan 1 enrollees commencing November 1, 1999 and automatically renewable each year.

(3.3) **CHN-CHSS-TB Control** – Request for approval of retroactive contract renewal with the Regents of the University of California San Francisco (UCSF) at San Francisco General Hospital (SFGH), in the amount of $227,435, to provide physician and radiologist services at the SFGH Tuberculosis Control Ward, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998-99).

(3.4) **CHN-CHSS-TB Control** – Request for approval of sole source contract renewal with the Regents of the University of California San Francisco (UCSF) in the amount of $2,711,327, to provide Model Tuberculosis Prevention and Control Center services to local and national TB health care providers, for the period of December 31, 1999 through March 31, 2001. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998-99).

(3.5) **CHN-Medical Records/Radiology** – Request for approval of multi-year contract renewal with Bay Area Medical Transcription (BAMT), in the amount of $250,000, to provide medical transcription services for the Community Health Network, for the period of December 1, 1999 through June 30, 2001. (DPH contracted with BAMT for services totaling $135,000 during FY 1998-99).

(3.6) **CHN-Medical Records/Radiology** – Request for approval of multi-year contract renewal with Mediscript, in the amount of $75,000, to provide medical transcription services for the Community Health Network, for the period of December 1, 1999 through June 30, 2001. (DPH contracted with Mediscript for services totaling $25,000 during FY 1998-99).

(3.7) **CHN-Medical Records/Radiology** – Request for approval of multi-year contract renewal with Transcription Stat (TS), in the amount of $250,000, to provide medical transcription services for the Community Health Network, for the period of December 1, 1999 through June 30, 2001. (DPH contracted with TS for services totaling $145,000 during FY 1998-99).

(3.8) **PHP-Policy and Planning** – Request for approval of retroactive new contract with Northern California Coalition for Immigrant Rights in the amount of $60,000, to provide outreach services to public charge clients, for the period of November 1, 1999 through June 30, 2000.

(3.9) **PHP-HIV Research** – Request for approval to accept and expend funds in a new four year performance agreement from the Public Health Foundation Enterprise, Inc., in the amount of $211,587 (for the first 12 month budget period), to conduct a preventive HIV vaccine phase-three efficacy trial in adults at-risk for HIV infection, for the period of September 30, 1999 to September 30, 2003.

(3.10) **PHP-CSAS** – Request for approval to accept and expend a new grant from the Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services (SAMHSA) in the amount of $246,423, to develop a Community-Based Practice Research Collaborative, with a sole source contract in the amount of $25,000 to San Francisco State University, and a sole source contract in the amount of $25,423 to the University of California San Francisco, for the period of October 1, 1999 to September 30, 2000.

(3.11) **PHP-CSAS** – Request for approval of retroactive contract renewal with Horizons Unlimited, in the amount of $4,342,236 or $1,085,599 per year, to provide day treatment, outpatient and substance abuse prevention services to youth and young adults of the Latino population, for the period of July 1, 1999 through June 30, 2003. (DPH contracted with Horizons for services totaling $1,212,673 during FY 1998-99).

(3.12) **PHP-CSAS** – Request for approval of retroactive contract renewal with Women and Children's Family Services, Inc. (WCFS), in the amount of $1,893,470, to provide residential and outpatient substance abuse services to alcohol/drug addicted women, targeting low income pregnant and postpartum women, their children, their families and/or significant others, for the period of

July 1, 1999 through June 30, 2000. (DPH contracted with WCFS for services totaling $2,061,586 during FY 1998-99).

(3.13) **PHP-CMHS** – Request for approval of retroactive contract renewal with Saint Francis Memorial Hospital (SFMH), for the provision of 24-hour acute psychiatric inpatient hospital services, in the amount of: 1) $156,498 in City funds targeting uninsured adults; and 2) as part of a network of six hospital providers for $5,000,000 in Medi-Cal funds, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SFMH for services totaling $196,498 during FY 1998-99).

(3.14) **PHP-CMHS** – Request for approval of retroactive contract renewal with Saint Mary's Medical Center (SMMC) for mental health services, in the amount of: 1) $320,000 in City funds targeting uninsured adolescents; and 2) as part of a network of six hospital providers for the provision of inpatient hospital services targeting Medi-Cal adult beneficiaries for $5,000,000 in Medi-Cal funds, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SMMC for services totaling $2,337,412 during FY 1998-99).

(3.15) **PHP-CMHS/CSAS** – Request for approval of retroactive contract renewal with Walden House, Inc., in the amount of $6,834,982, to provide residential mental health and substance abuse treatment for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Walden House for services totaling $8,383,220 during FY 1998-99).

(3.16) **PHP-CMHS** – Request for approval of retroactive contract renewal with Westside Community Mental Health Center, Inc. (WCMHC), in the amount of $5,609,338, to provide mental health services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with WCMHC for services totaling $13,932,678 during FY 1998-99).

(3.17) **PHP-CMHS** – Request for approval of retroactive contract renewal with Edgewood Center for Children and Families, in the amount of $1,683,245, to provide mental health services targeting children and adolescents, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Edgewood for services totaling $608,146 during FY 1998-99).

(3.18) **PHP-CMHS** – Request for approval of retroactive contract renewal with Progress Foundation, Inc. (PFI), in the amount of $6,726,476, to provide mental health residential treatment and other mental health services to adults, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with PFI for services totaling $8,830,424 during FY 1998-99).

(3.19) **PHP-CMHS/CSAS** – Request for approval of retroactive sole source contract renewal with San Francisco State University (SFSU), in the amount of $150,703, to provide mental health foster care training and substance abuse counselor training services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SFSU for services totaling $179,716 during FY 1998-99).

(3.20) **PHP-CMHS** – Request for approval of retroactive contract modification with Seneca Center to increase the contract by $513,177, for a total contract amount of $1,193,413, to provide mental health residential treatment services targeting seriously emotionally disturbed adolescents, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Seneca for services totaling $1,415,406 during FY 1998-99).

(3.21) **PHP-CMHS** – Request for approval of retroactive new multi-year contract with Instituto Familiar de la Raza, Inc. (IFR), in the total amount of $4,144,128 or $1,036,032 per year, for the

provision of mental health services targeting adolescents and youth, for the period of July 1, 1999 through June 30, 2003. (DPH contracted with IFR for services totaling $4,526,738 during FY 1998-99).

(3.22) **PHP-CMHS** – Request for approval of retroactive contract modification with California Pacific Medical Center (CPMC), as a provider within the San Francisco Mental Health Plan, for the provision of outpatient mental health services for the period of July 1, 1999 through June 30, 2003. (This contract is part of the $3.3 million Mental Health Managed Care outpatient plan).

(3.23) **PHP-CMHS-MIS** – Request for approval of new sole source contract with Echo Consulting Services of California, Inc., in the amount of $224,059, to provide software licensing and maintenance services for INSYST, for the period of November 1, 1999 through June 30, 2000, as a result of a contract assignment from United Behavioral Health to Echo Consulting Services.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) **CONSIDERATION OF A RESOLUTION WHETHER CHANGES AT UCSF/MT. ZION MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY**

6) **UPDATE ON MILLENNIUM EVENT PLANNING**

7) **PRESENTATION OF THE CHILDREN'S SERVICE PLAN FROM THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES**

8) **5:00 P.M. TIME SPECIFIC:**

PRESENTATION OF SCHOOL-BASED HEALTH SERVICES AND CONSIDERATION OF A RESOLUTION ENDORSING THE PROPOSED PLAN BY THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES, TO PROVIDE SCHOOL-BASED/SCHOOL-LINKED PHYSICAL HEALTH AND MENTAL HEALTH SERVICES IN TWO HIGH SCHOOLS IN THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT

9) **OTHER BUSINESS/PUBLIC COMMENTS***

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, December 7, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 2, 1999

Action Taken: The Commission unanimously adopted the minutes of November 16, 1999, with the correction of a typographical error on the name for Dr. William Goodson, President of the S.F. Medical Society.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) Update from Bayview Hunters Point Foundation on requests from the Health Commission.

Department of Public Health staff, Barbara Garcia and Michelle Dixon, provided updates on the contractor's organizational development plan and the HIV services contract. Due to the late submission of the response to the monitoring report for the HIV contract, another site visit will be rescheduled. An update on both the organizational development plan and the HIV services contract will be provided in March 2000.

Karen Patterson Matthew, Executive Director of Bayview Hunters Point Foundation, reported the organization will be able to make the recommended short-term and long-term changes, as put forward by the Support Center consultants.

(3.2) **CHN-Office of Managed Care** – Request for approval of a new service agreement between the Department of Public Health and Beech Street Corporation, the preferred provider organization (PPO) engaged by the Health Service System for City Plan 1 enrollees commencing November 1, 1999 and automatically renewable each year.

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Commissioner Sanchez abstained on this item due to conflict of interest.

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Commissioner Sanchez abstained on this item due to conflict of interest.

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Commissioner Sanchez abstained on this item due to conflict of interest.

(3.11) **PHP-CSAS** – Request for approval of retroactive contract renewal with Horizons Unlimited, in the amount of $4,342,236 or $1,085,599 per year, to provide day treatment, outpatient and substance abuse prevention services to youth and young adults of the Latino population, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Horizons for services totaling $1,212,673 during FY 1998-99).

Department of Public Health staff Jim Stillwell reported a positive progress by the staff and Board of this agency.

Commissioner Hill is recommending this contract be renewed for one year, instead of multiyears.

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Commissioner Umekubo abstained on this item due to conflict of interest.

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Commissioner Sanchez requested, for the future, an evaluation of the Treasure Island programs provided by this contractor.

(3.16) **PHP-CMHS** – Request for approval of retroactive contract renewal with Westside Community Mental Health Center, Inc. (WCMHC), in the amount of $5,609,338, to provide mental health services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with WCMHC for services totaling $13,932,678 during FY 1998-99).

Commissioner Umekubo pointed out an error in the reporting on the number of crisis clinic patients served by the contractor.

(3.17) **PHP-CMHS** – Request for approval of retroactive contract renewal with Edgewood Center for Children and Families, in the amount of $1,683,245, to provide mental health services targeting children and adolescents, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Edgewood for services totaling $1,396,872 during FY 1998-99).

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(3.19) **PHP-CMHS/CSAS** – Request for approval of retroactive sole source contract renewal with San Francisco State University (SFSU), in the amount of $150,703, to provide mental health foster care training and substance abuse counselor training services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with SFSU for services totaling $179,716 during FY 1998-99).

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Commissioner Hill complimented Department of Public Health staff on the progress to decrease the number of retroactive contracts; however, more improvement needs to continue.

Commissioner Guy pointed out for #3.12 the need for Board development and an appropriate number of Board members.

Commissioner Sanchez stated the need for all contractors to comply with these standards for Boards of Directors.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with the specific recommendations.

Commissioner Guy abstained on #3.10 and #3.19 due to conflict of interest.

Commissioner Sanchez abstained on 3.3, #3.4 and #3.10.

Commissioner Umekubo abstained on #3.13 and #3.14.

On behalf of the Commission, President Monfredini made a special presentation to Ben Gale, who is leaving after 12 years as our Director of Environmental Health to become the Director in Santa Clara County. Mr. Gale managed both the Consumer Protection and Toxics Programs.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

State's Supreme Court Ruling on Indigent Care

In late November, the California Supreme Court ruled that Counties must continue to provide essential medical care for residents who cannot afford to pay for those services themselves. The case concerned Sacramento County's decision to reduce or eliminate health care for some low-income residents. Sacramento County had proposed that residents who received General Assistance or those who did not quality for other welfare programs would only be eligible for free emergency medical care.

The Court declined to define precisely "subsistence medical care" but stated that, at a minimum, a County must provide "medical services necessary for the treatment of acute life-and-limb threatening conditions and emergency medical conditions." The ruling reaffirms the need to maintain a health care safety net for low-income individuals. The ruling also stresses that the Legislature previously eliminated requirements that Counties provide the same quality of health care to residents who cannot afford to pay for those services as non-indigent individuals receiving health care services in private facilities. Finally, the Supreme Court indicated that if a County chooses to determine a financial eligibility standard for County health services, it must consider "whether implementation of the standard would leave some residents who are incapacitated by age, disease or accident, and whose condition is not relieved through other means without subsistence medical care."

The Department is pleased that the California Supreme Court reversed the judgement of the Court of Appeals and reaffirmed that Counties are the providers of last resort.

Federal Budget

As the Health Commission may be aware, Congress has approved the Federal Budget. A significant impact to the Department is the Balanced Budget Refinement Act of 1999 (BBRA). The Balanced Budget Act of 1997 proposed sweeping reductions in critical health care funding for safety net providers such as Department of Public Health. While the BBRA primarily focuses on restoring Medicare reductions, there are a number of revisions that affect Medicaid funding. Highlights of the Balanced Budget Refinement Act of 1999 include the following:

- Permanent extension of the disproportionate share hospital transition rule for California's public hospitals. As a result, California public hospitals will be able to calculate their hospitals – specific caps at 175% of unreimbursed Medi-Cal and uninsured expenses. This provision was critical to ensure that California maintains its disproportionate share funding.

- The sunset date for States to spend $500 million for Medi-Cal outreach and enrollment has been removed. The 1996 Welfare Reform Act provided these funds for States to ensure that individuals leaving welfare would retain their Medicaid coverage. These funds were due to sunset at the end of this year. It is our understanding that California has spent between one-third and one-half of its $80 million allocation for this purpose.

- The phase out of cost-based reimbursement for federally qualified health centers has been extended. The Balanced Budget Act phased out the Medicaid requirement that States pay FQHCs on the basis of cost. The phase out was due to begin in 2000 when States would be required to pay on 95% of reasonable cost, and then by 2004, the requirement would be repealed all together. The 1999 BBRA extends the 95% requirement through 2001-02 and indicates that a study will be conducted to determine an appropriate rate structure for FQHCs after 2004.

In addition, the Labor -- HHS Appropriations Act includes $25 million in SID money for the Healthcare Access for the Uninsured Initiative. These funds will help improve the coordination of safety net providers who serve the uninsured, as well as filling in service gaps. This Bill also includes $15 million as a grant program to States to develop programs and approaches for expanding health insurance coverage for the uninsured.

While the Department is quite pleased with the adjustments to the Balanced Budget Act, next year the Department of Public Health, in concert with other public hospitals, health advocates and providers, will advocate for freezing further Medicaid disproportionate share hospital reductions, given that this was not a part of the Balance Budget Refinement Act of 1999.

In addition to these budgetary changes, last month the President signed the Work Incentives Improvement Act, which expands access to health care for people with disabilities. This is particularly critical for individuals with disabilities who wish to re-enter the labor force but have difficulty doing so because of preexisting conditions.

State Budget

The Legislative Analyst Office (LAO) recently released a report providing projections of general funds, revenues and expenditures for the current fiscal year through 2004-05. The California economic outlook is quite good. It is estimated that this fiscal year 1999-00, the State's year-end reserve would be over $2.6 billion. This is significantly more than the estimated $881 million that was proposed earlier this year for the State's year-end reserve. The significant revenue will trigger further reductions in vehicle license fees. As the Health Commission is aware, a portion of vehicle license fees is used to fund realigned health, mental health and social services.

The Legislative Analyst Office projects that Medi-Cal benefits will increase on average 6% annually – mainly due to increases in rising health care costs. CalWORKs spending is projected to decline in 2000-01. With respect to Medi-Cal and CalWORKs, this year will be the first time that most families and children enrolled in Medi-Cal will not be welfare recipients. The Legislative Analyst Office projects that this trend will continue, such that "almost all of the decline in welfare caseload will be offset by an increase in the number of Medi-Cal" families and children who are not on welfare. The Governor's proposed fiscal year 2000-01 budget will be released around January 10, 2000.

State Children and Families Commission

Proposition 10 revenues will total approximately $700 million in 1999. Of this, $560 million will be distributed to Counties (subtracting the State's 2% share). San Francisco has received its first Prop 10 payment of $5.6 million, representing amounts due from January 1999 through August 1999 and interest thereon. Hereafter, Prop 10 payments will be made to Counties on a monthly basis.

On November 5th, the State Commission staff convened a meeting of "large" Counties, including San Francisco, to create an opportunity for networking between local Commissions and to present the State Commission's media strategy. Though San Francisco is considered a small County in terms of the distribution of Prop 10 funds, we were invited to attend due to San Francisco's status as a major media center.

The State plans to fund pilot or demonstration projects in Counties identified among the State's top ten priority areas. These pilot projects will be funded out of the State's 2% of the Prop 10 funds and it is anticipated that they will help mitigate some critique from the media regarding the delay in implementing county programs. To date, there has been no expenditure of Prop 10 funds as the only county that has completed its plan is Alameda County and it has only done so very recently.

The State has scheduled another meeting for December 17th in San Francisco. This meeting will be a workshop for local commissions to discuss and devise strategies to communicate the mission and programs of Prop 10 locally.

Local Children and Families Commission

The Early Childhood Interagency Council will be nominating members to a Strategic Planning Advisory Committee that will conduct the bulk of the planning activities with staff. Included in their charge will be the implementation of a civic engagement project. Housed at Starting Points, the civic engagement project will gather community voices, including those most difficult to reach parents and other caregivers, to ensure that community input remains an integral part of all phases of the planning process. The planning process is scheduled to be completed in the Spring of 2000 in order to be compliant with the State Commission's timeline for accessing funds.

For more information, San Francisco's Children and Families Commission website is www.sfprop10.mocyf.org. The website of the State Commission is www.ccfc.ca.gov.

SRO Hotel Fire

A two-alarm fire broke out at the Western Hotel, 335 Leavenworth Street, late in the evening November 26th, displacing residents. The Red Cross responded to the residential hotel fire shortly after midnight with representatives of the Health Department, Office of Emergency Services, Department of Human Services and the Mayor's Homeless Office also on the scene. This particular hotel had a sprinkler system, so damage to the building was contained to one unit. Due to an electrical outage, smoke and water damage, residents were unable to return to their units. Approximately 40 residents were displaced. A temporary shelter was established at the Recreation Center located at 6th and Folsom, and fire victims were moved to the shelter by MUNI. Residents were able to return to their rooms' three days after the fire when the damage had been assessed and the power was restored.

Y2K Plan Update

The Department has issued to the Health Commission its quarterly status report for Y2K compliance for the period ending November 30, 1999. In this report, staff continues to work with the City's Y2K Program Management Office to ensure coordination of contingency planning and Y2K readiness. In the past quarter, the Department staff participated in several external Y2K efforts. These included participation at a Board of Supervisors' hearing on the City's Y2K plans, a planning conference

convened by the Mayor's Office, and a focused training effort with the City's Office of Emergency Services to review and finalize Y2K related emergency operational planning.

A complete inventory and assessment was conducted of all of our MIS, medical and facility equipment and systems. Dr. Katz reported that 100% of our mission critical systems and equipment has been tested as compliant or successfully remediated as of this date. The supplies and distribution systems have been assessed as compliant, and the Department has planned for delivery of additional supplies for the millennium events. Finally, the Department has developed contingency plans and has developed appropriate back up procedures in the event of an emergency resulting from Y2K failures, either within DPH, or elsewhere in the City.

In summary, DPH has completed a significant process in order to eliminate or minimize disruption from the Y2K millennium event. Significant technical and professional resources have been allocated to the compliance effort and the Department will continue to consider this area a high priority. Full completion of our Y2K compliance plan indicates that DPH is well prepared to ensure continued uninterrupted business operations though the millennium event and beyond. As the millennium approaches the Department will continue to monitor its compliance and enhance its readiness procedures to ensure optimal response to this historic event. The Department will schedule a final Y2K project closure update for the Health Commission in the weeks following the millennium event.

COMMUNITY HEALTH NETWORK

State Licensing and Certification Team Returns to LHH

On December 6th, a team of State Licensing and Certification Surveyors arrived unannounced at Laguna Honda to conduct a resurvey and verification of a Plan of Correction submitted December 3rd. The survey team announced it would be at Laguna Honda through December 8th. The Commission will be advised of the outcome of the resurvey as soon as the results are available.

U.S. Department of Justice Representative Visits LHH

A representative of the U.S. Department of Justice visited Laguna Honda as part of its ongoing investigation concerning the civil rights of residents. The Hospital's Leadership Team and legal council from the City Attorney's Office are conferring with the DOJ representative. The Commission will be apprised of any new information that may be forthcoming as a result of this week's DOJ visit.

POPULATION HEALTH AND PREVENTION

Asthma Training Report

The Primary Care Section of the CHN, the Children's Environmental Health Section of Population Health and Prevention, the American Lung Association, UCSF, SFHP and various pharmaceutical companies teamed up to present a series of trainings entitled "Asthma in the Primary Care Setting". Workshops were held at Ocean Park, San Francisco General Hospital, Maxine Hall and Chinatown Health Centers with over 400 physicians, nurses, respiratory therapists and other health providers attending. The workshops were geared towards primary care providers of asthmatics, with the major feature being the review of the National Institute of Health's latest guidelines and standards of care for asthma treatment. We were fortunate to have Stephen Lazarus, Susan Janson, and Homer Boushey as presenters from UCSF, as well as our internal SFGH experts, Rajeev Venkaya, Kevin Coulter and Karen Smith from Excelsior Clinic.

Dental Section

The Department recently surveyed and assembled data on the oral health status of San Francisco's low-income children, as well as the availability of treatment services for the low-income population. The Department sent out surveys to all agencies serving the dental needs of this population and received information back from most of these agencies. Most of the screening data was collected by DPH staff who regularly screen children in schools in an effort to track community needs and help

access these children to needed services. It is known that 46 percent of low-income elementary school and 18 percent of low-income preschool children have untreated tooth decay. As a result, the Department is targeting these age groups for increased prevention efforts.

In the future the Department will perform a quality needs assessment that looks closer at the adult population, where the Department currently has little information.

STD Clinic

Effective December 1, 1999, the STD Clinic will begin utilizing GCLCX to diagnose pharyngeal gonorrhea in clients who report more than one receptive oral sex encounter in the past two weeks. A study was done with 202 men seen in the STD Clinic who reported having receptive oral sex to compare the efficacy of GCLCX with GC culture. The results of the study indicated that 10% of these men were positive for GC using the GCLCX test compared to 4% using the GC culture.

On November 16th, the STD Program held a community forum for Men who have Sex with Men (MSM) to discuss STDs and their impact on MSM in San Francisco. The forum included a presentation on the epidemiology of STDs and another on proctitis, genital ulcer disease and urethritis. Translators were available for attendees who were hearing impaired.

Pedestrian Safety

The Community Health Promotion and Prevention Branch has been awarded a Pedestrian Safety Program grant from the State Office of Traffic Safety. The grant will fund data linkage and surveillance efforts to provide the data needed to design interventions to reduce injury to pedestrians, and community capacity building, and to involve residents and agencies in improving pedestrian safety.

Adolescent Health in San Francisco

Dr. Katz provided the Commission with two new reports regarding the health of children and youth. "A Snapshot of Adolescent Health in San Francisco", developed under the auspices of the Adolescent Committee of the DPH Coordinating Council for Children, Youth and Families, provides an overview of key health and socioeconomic indicators for San Francisco's young people.

The second report, "The Health and Well-Being of San Francisco's Unified School District Students, K-12", demonstrates the strong interdependence between student health and school performance. Both reports emphasize the largely preventable and treatable nature of the health conditions associated with child and adolescent mortality and morbidity, and the need for expanded psychosocial services for our children, youth and families.

HERC Grand Opening

The Grand Opening of the Bayview Hunters Point Health and Environmental Resource Center took place on November 20, 1999. Over 100 residents and supporters attended and were taken on tours of the facility. The ribbon cutting by Supervisor Alicia Becerril was witnessed by District Attorney Terence Hallinan and representatives from Congresswomen Nancy Pelosi's office. Supporters shared refreshments and entertainment and received information on breast cancer, asthma, prostate cancer and the environment.

Commissioner Chow requested information on how the HERC integrates with the Department. He suggested a quarterly report on this important project. Commissioner Guy requested an evaluation component be included with this project.

Commissioner Sanchez commended the Department for the three Department of Public Health reports on Children and Youth.

5) CONSIDERATION OF A RESOLUTION WHETHER CHANGES AT UCSF/MT. ZION MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY

Observing that no official representatives from UCSF/Stanford Health Care or UCSF/Mount Zion were present to respond to questions, President Monfredini expressed her disappointment and dismay for the perceived disrespect for the Commission and its Prop Q process. She also feels the Commission was not being told the truth at the November 16, 1999 Prop Q hearing, especially when a week later, the UCSF/Mount Zion Emergency Room was closed.

Ms. Joyce Newstat, UCSF Community Relations staff, was present but could not respond to questions on behalf of UCSF/Stanford Health Care. President Monfredini thanked Ms. Newstat for her ongoing cooperation and responsiveness to the Commission. President Monfredini had requested multilingual signs be posted; and Ms. Newstat quickly responded.

Ms. Newstat expressed a misunderstanding on the attendance of official representatives from UCSF/Stanford Health Care.

Public Speakers: Raised negative impact on Russian emigres, cutbacks by UCSF at San Francisco General Hospital, lack of the County's ability to do anything, and concerns for the Mt. Zion staff and long-standing role of Mt. Zion.

Greg Smith, Bay Area Council
Frederick Hobson, S.F. Tomorrow and S.F. Health Plan
Jacqui Gough, CNA
Kevin Reilly, CNA
Dr. Reuven Jaffe

Commissioner Chow had questions regarding the availability and time frame on the number of critical care beds. He requested responses prior to any decision on the proposed resolution (Attachment A).

Commissioner Hill expressed his support for the Prop Q process and requested the representatives to attend the next meeting.

Commissioner Parker stated there is lack of respect and courtesy to the Commission.

Commissioner Umekubo recommended to continue the proposed resolution to the December 21st meeting.

Commissioner Guy encouraged UCSF to divulge information on future cutbacks to services at San Francisco General Hospital.

Commissioner Sanchez encouraged the Commission to move forward on the consideration of the resolution.

Commissioner Chow stated his disappointment for the perceived disrespect to the public on the public process.

Action taken: The Commission continued this item to the December 21st meeting and requested Ms. Newstat to notify Mr. Stempel, Dr. Goodell, and Dr. Goldman to attend this meeting.

Action taken: The Commission added an amendment, proposed by Commissioner Guy, "Whereas, additionally, there will be a loss of skilled nursing beds with the closure of the UCSF/Mount Zion Skilled Nursing Facility, thereby decreasing the number of available skilled nursing beds in the City and County of San Francisco; . . ."

6) UPDATE ON MILLENNIUM EVENT PLANNING

Department of Public Health staff, Anne Kronenberg and Chris Wachsmuth, provided an overview of the Department's comprehensive, departmentwide planning process with other City agencies and private health providers to ensure the health and safety of all San Franciscans and visitors during the 4-day millennium celebration. There will be a coordinated health response utilizing technical preparedness, health prevention messages, disaster preparedness and management, augmentation of current direct care services and for the first time ever, the addition of DPH Field Care Clinics at several celebration sites.

They reviewed the Department of Public Health Millennium Celebration Response Plan (organization charts attached, Attachment B):

Millennium Celebrations
- Mission and Goals
- Planning Assumptions
- Venues and Casualty Estimates

DPH Millennium Celebration Public Education
- Prevention Messages
- Health Services Available Millennium Weekend

DPH Millennium Disaster Response
- Organizational Charts
- Emergency Operations Center (EOC)
- DPH Operations Center (DOC)
- DPH Medical Command Center (MCP)

DPH Millennium Direct Services
- Field Care Clinics
- SFGH Services
- Psychiatry
- Community Urgent Care
- Institutional Police
- Ambulance Services
- Special Programs for Youth

President Monfredini requested a follow-up report after the millennium celebration.

7) **PRESENTATION OF THE CHILDREN'S SERVICE PLAN FROM THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES**

Deborah Alvarez-Rodriguez, Director of the Department of Children, Youth and Their Families, provided an overview of the 2000-2002 Children's Service Plan, (Attachment C). She emphasized that this is a 2-year planning cycle and is focusing on outcomes and results. She also encouraged the Commissioners to give her feedback on the plan.

Commissioner Chow encouraged the continued collaboration and coordination between DPH and DCYF.

Commissioner Guy pointed out the importance of integration of data with community input and perceptions.

Commissioner Parker noted the need for balance among boys and girls' programs.

The Commission thanked Ms. Alvarez-Rodriguez for a comprehensive plan.

8) **5:00 P.M. TIME SPECIFIC:**

PRESENTATION OF SCHOOL-BASED HEALTH SERVICES AND CONSIDERATION OF A RESOLUTION ENDORSING THE PROPOSED PLAN BY THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES, TO PROVIDE SCHOOL-BASED/SCHOOL-LINKED PHYSICAL HEALTH AND MENTAL HEALTH SERVICES IN TWO HIGH SCHOOLS IN THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Jimmy Loyce, Deputy Director of Health; Deborah Alvarez-Rodriguez, Director of the Department of Children, Youth and Their Families; Sally Chow and Trish Bascom, Administrators from the S.F. Unified School District, presented recommendations for school-based, school-linked services expansion at San Francisco's high schools. For a copy of this report contact the Commission Office (554-2666).

During the FY 1999-2000 budget process, the Board of Supervisors placed $550,000 on reserve (one-time only) in the DCYF budget for school-based health services. The Board of Supervisors asked DCYF to convene a School Health Task Force with representatives from the Department of Public Health, the San Francisco Unified School District and numerous public and private agencies, including private health plans, youth advocates, and health service providers.

Commissioners' Comments:

- Sustainability is needed
- Need to include all high schools
- Programs need to be youth-friendly
- Youth need to be involved with planning and development
- Exciting to see the three departments working together
- Health promotion and prevention need to be included
- Positive commitment and response from the School District are encouraging
- This program will succeed and expand

The Principals from Galileo and Lincoln High Schools voiced their support for the plan.

Action Taken: The Commission unanimously approved Resolution # 27-99, entitled "Endorsing the Proposed Plan by the Department of Children, Youth and Their Families, to Provide School-Based/School-Linked Physical Health and Mental Health Services in Two High Schools in the San Francisco Unified School District", (Attachment D), with an amendment by Commissioner Chow changing the words "governing body" to "Policy Steering Committee."

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:35 P.M.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

PROPOSED RESOLUTION

DETERMINING WHETHER THE ELIMINATION OR CURTAILMENT OF HEALTH SERVICES BY THE UNIVERSITY OF CALIFORNIA (UCSF)/ MOUNT ZION MEDICAL CENTER, WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH SERVICE OF THE COMMUNITY

WHEREAS, on September 23, 1999, UCSF Stanford Health Care gave notice to the Health Commission of its intention to eliminate the Emergency Department and all acute care medical-surgical beds, including the Intensive Care Unit and the Cardiac Care Unit at UCSF/Mount Zion Medical Center; and,

WHEREAS, additionally, there will be a loss of skilled nursing beds with the closure of the UCSF/Mount Zion Skilled Nursing Facility, thereby decreasing the number of available skilled nursing beds in the City and County of San Francisco; and,

WHEREAS, in accordance with the Health Care Planning Ordinance (Proposition Q), the Health Commission held a public hearing on November 16, 1999 at City Hall, where over 40 speakers testified in opposition to the closure of UCSF/Mount Zion Hospital; and,

WHEREAS, to ensure patient safety, UCSF Stanford Health Care closed the Emergency Department at UCSF/Mount Zion Medical Center at midnight on November 23, 1999 after determining that adequate emergency service staffing could not be guaranteed beyond that time; and,

WHEREAS, effective November 23, 1999, the Adult Urgent Care Service, which will include laboratory facilities, X-rays, and will treat minor wounds and other non-emergent problems, will be available at 2380 Sutter Street (2nd floor) across the street from the hospital; and,

WHEREAS, in accordance with the California Health and Safety Code, Division 2.5, Section 1300(b), the local Emergency Medical Services (EMS) Agency is required to submit an impact evaluation to the State Department of Health Services on the effect upon community access to emergency care; and,

WHEREAS, the Emergency Medical Service Agency assessed the impact of the closure of the UCSF/Mount Zion Emergency Department to have three potential major effects:

- Hospital diversion rates will increase this winter
- Emergency medical response capability during a major disaster will be decreased
- Patients will continue to go to the Mount Zion Hospital with emergent medical conditions

Now, therefore, be it

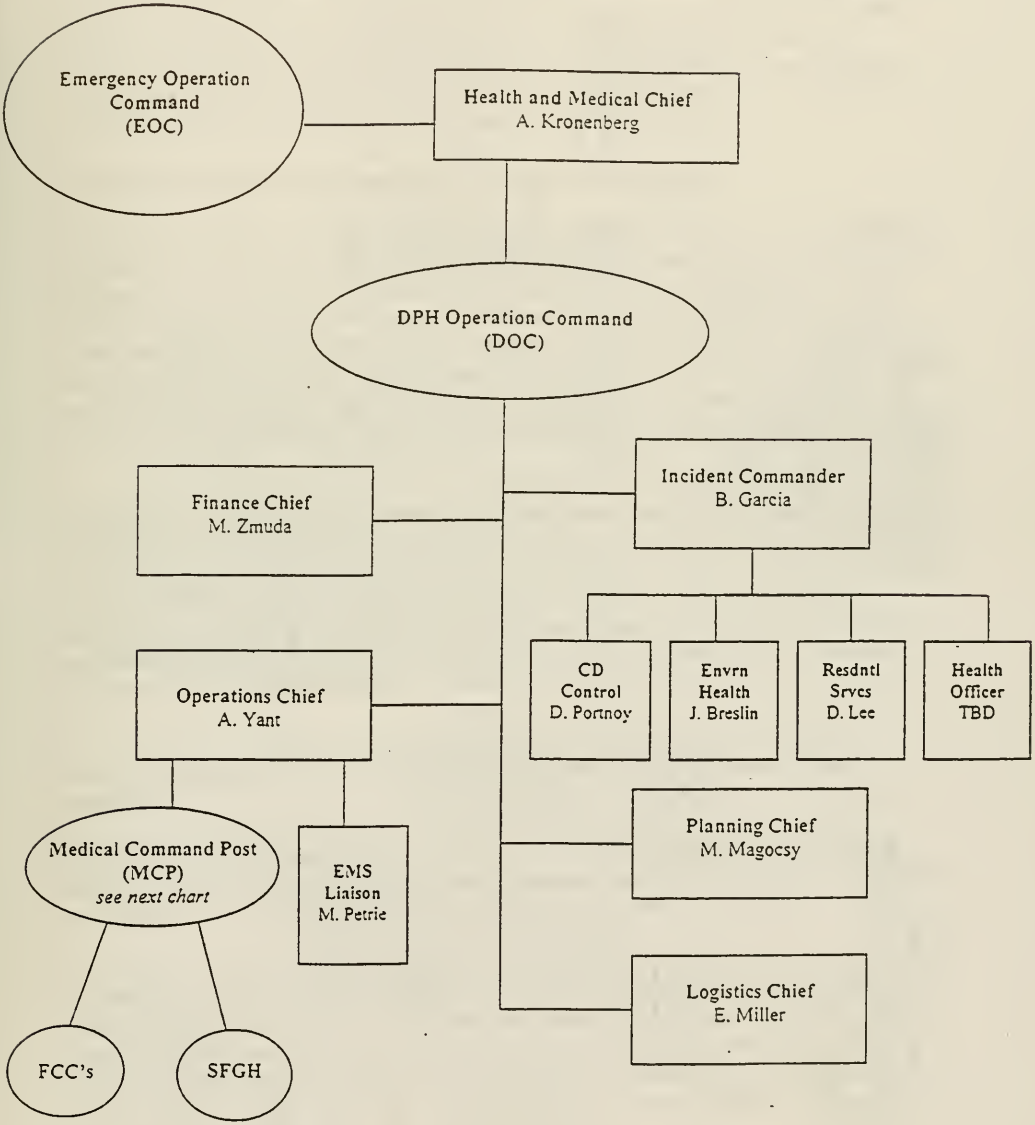
RESOLVED, that the Health Commission determines that the closure of the Emergency Department at UCSF/Mount Zion and the loss of critical care beds, medical-surgical beds, and skilled nursing beds for San Francisco will/will not have a detrimental impact on the health care service of the community.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, December 21, 1999.

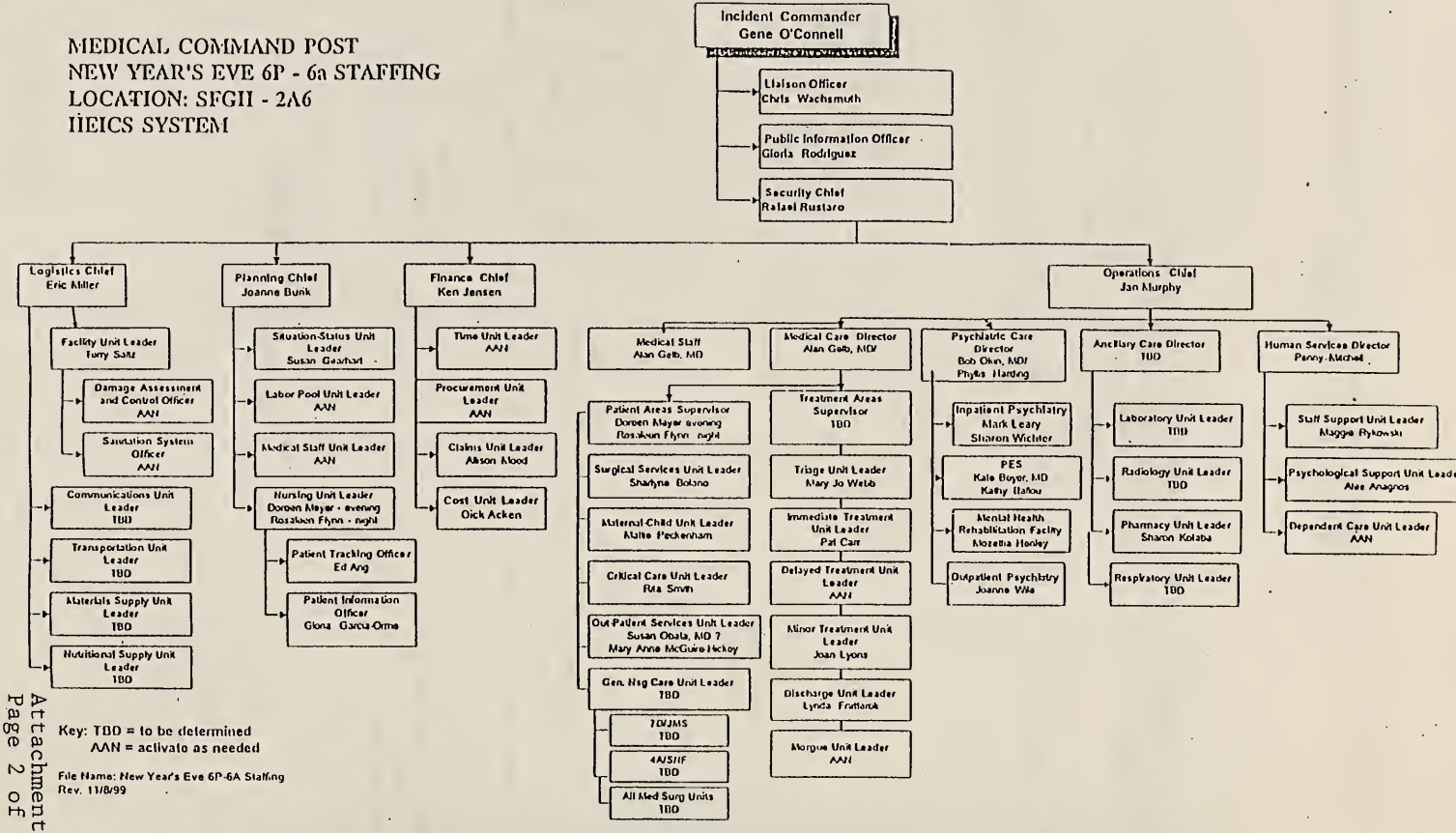
_____

Sandy Ouye Mori
Executive Secretary to
the Health Commission

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH DISASTER RESPONSE ORGANIZATIONAL CHART



MEDICAL COMMAND POST
NEW YEAR'S EVE 6P - 6a STAFFING
LOCATION: SFGH - 2A6
HEICS SYSTEM



Key: TBD = to be determined
AAN = activate as needed

File Name: New Year's Eve 6P-6A Staffing
Rev. 11/8/99

Attachment B
Page 2 of 2

EXECUTIVE SUMMARY

As mandated by the 1991 Proposition J initiative, known as the Children's Amendment, the Department of Children Youth and Families (DCYF) each year creates a Children's Services Plan (CSP), which allocates the Children's Fund and is developed with input from the community and six commissions. For the second year, this CSP uses an outcomes-based planning framework, which will direct the allocation of the Children's Fund for fiscal year 2000-2002.[1] This framework incorporates research, coordination across departments and communities and systems change.

Why do We Care About Results and Outcomes-based Planning?

The mission of DCYF is to bring together parents, neighborhoods, city leaders, agencies, schools, the business community and community service organizations in order to build the capacity of our neighborhoods to promote the healthy development of San Francisco's children. In order to carry out its mission, DCYF has adopted an outcomes, or results-based planning effort that emulates best practices across the country to involve communities in planning and implementing better services for children, youth and families[2]. The Department seeks to root its planning in outcomes that will ground its work across city departments, the Mayor's office, and San Francisco's neighborhoods.

A critical component of outcome based planning includes coordination with all stakeholders. Such collaborations are currently underway, such as the cross-departmental and community effort to reduce foster care out-of-home placements through the System of Care. If departments, community members, and community based organizations work together to understand and organize their work around outcomes, they can better understand the interaction of their programs, the impact they have on service delivery, and their corresponding effectiveness. Moreover, such coordination offers opportunities to maximize and leverage funds.

DCYF Implements Systems and Initiatives to Contribute to Outcomes Based Planning

DCYF is working with many departments across systems to implement shared policy initiatives that we hope will build familiarity amongst departments, and create successful partnerships, improved services and create new opportunities.

For example, DCYF has forged partnerships with the School District, the Departments of Public Health, Human Services, the Mayor's Office of Community Development and Criminal Justice, among others to coordinate and improve adolescent health care, child care, truancy outcomes, and services to high-risk youth. The Department has also formalized youth and community input into our systems changes by commissioning a girls entrepreneurship program to survey their peers and younger children in the

[1] This will be the last two years of the fund and the legislation sunsets in fiscal year 2001-2002.
[2] This approach is informed by the work of Mark Friedman at The Finance Project, among others.

publication "*Through Our Eyes: Seeing the Power of the Children's Fund.*" In addition, DCYF restructured its contracts to reflect the work it did with its community based organizations (CBOs) to incorporate logic modeling and theory of change work into CBO planning for programs

Creating a Common Language: DCYF's Benchmarks and Indicators

Based on community feedback, the Department has refined its Quality of Life Benchmarks, which share the Department's vision for children, youth and families.

For the next two funding years, DCYF has refined its goals for children, youth and family outcomes. DCYF aims to implement policies and services that assure all children and youth:

- Are healthy
- Are ready to learn and are succeeding in school
- Live in safe, supported families and safe, successful supported communities
- Contribute to the growth, development and vitality of San Francisco

These benchmarks were based on research and practice from other cities and counties, and outcomes based frameworks used by many DCYF-funded organizations.

DCYF has selected indicators from a variety of sources. Some of them are statistical, such as the number of children living in families receiving CalWORKS. Some of them are qualitative, such as the quotes from youth in our community hearings. The indicators in this Children's Services Plan, for the most part, were chosen to illustrate DCYF's work in areas where:

- the community has identified needs
- there is limited categorical funding
- there is much crosscutting work across departments or issues
- there is significant opportunity for community mobilization through networks
- the department's efforts can make an impact due to its unique characteristics

For the next two funding years, DCYF will continue to refine and implement its vision to improve the outcomes and well-being for all children in San Francisco through targeting particular systems changes and goals.

DCYF recommends to:

- Create a citywide framework to coordinate San Francisco's children and youth services;

- Adopt the revised Quality of Life Benchmarks;

- Develop indicators to show outcomes for each of the benchmarks through the citywide Strategic Planning Process.

There are many indicators that DCYF uses and reviews for policy and planning purposes that are not explicitly detailed in this plan. However, DCYF will develop, track and measure indicators that are "hard," such as test scores, and indicators that are "soft," such as self-esteem measures. The strategic planning process is designed to institutionalize system-wide and community-wide communication, planning, evaluations and fiscal efficiency

- Allocate the next two years of the Children's Fund based on core funding principles.

DCYF proposes to allocate the Children's Fund according to several core principles, or criteria, which have been developed through the CSP hearings and staff analysis. The core principles are as follows:

- Use the Children's Fund to finance services that cannot be covered by categorical funding
- Use the Children's Fund to leverage and maximize existing dollars and resources
- To the extent possible, ensure that all of San Francisco's neighborhoods and demographic communities have an opportunity to access the Children's Fund
- The Children's Fund allocation will reflect the gender distribution of children and youth in San Francisco City and County
- Link funding priorities to benchmarks and results
- Dedicate a portion of the Children's Fund for technical assistance for DCYF grantees
- Dedicate a portion of the Children's Fund to innovation
- Require all DCYF grantees to use the on-line database system

DCYF will use the above principles, in addition to the recommended benchmarks, in developing its Request for Proposals.

By continuing to work closely with all stakeholders, together we will make the most important investment in order to ensure that by all indicators, San Francisco truly will become the best city in which to raise our children.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 27-99

ENDORSING THE PROPOSED PLAN BY THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES TO PROVIDE SCHOOL-BASED/SCHOOL-LINKED PHYSICAL HEALTH AND MENTAL HEALTH SERVICES IN TWO HIGH SCHOOLS IN THE SAN FRANCISCO UNIFIED SCHOOL DISTRICT

WHEREAS, a number of physical health and mental health services are currently provided to students in the San Francisco Unified School District by the Department of Public Health, the San Francisco Unified School District, and the Department of Children, Youth and Their Families; and,

WHEREAS, the Department of Public Health, the San Francisco Unified School District, the Department of Children, Youth and Their Families and community-based organizations have assessed the health needs of youth in San Francisco and have identified that there are unmet physical health and mental health needs for this population; and,

WHEREAS, the priority health needs of most concern to youth in San Francisco are for additional mental health and substance abuse services, reproductive health services and physical health services; and,

WHEREAS, the Department of Children, Youth and Their Families proposes to provide school-based/school-linked physical health and mental health services in two high schools in the San Francisco Unified School District provided by the Department of Public Health and the San Francisco Unified School District; and,

WHEREAS, the Department of Public Health, the San Francisco Unified School District and the Department of Children, Youth and Their Families will establish a Policy Steering Committee that will determine policies related to the delivery of these school-based/school-linked physical health and mental health services provided in two high schools in the San Francisco Unified School District; now, therefore, be it

RESOLVED, that the Health Commission endorses the proposed plan by the Department of Children, Youth and Their Families to provide school-based/school-linked physical health and mental health services in two high schools in the San Francisco Unified School District; and be it

FURTHER RESOLVED, that the Health Commission encourages collaboration with the Department of Children, Youth and Their Families and the San Francisco Unified School District to develop school-based/school-linked physical health and mental health services in two high schools in the San Francisco Unified School District; and, be it

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 27-99 (Cont'd.)

FURTHER RESOLVED, that the Health Commission endorses the establishment of a Policy Steering Committee responsible for policies related to the delivery of these school-based/school-linked physical health and mental health services in two high schools in the San Francisco School District.

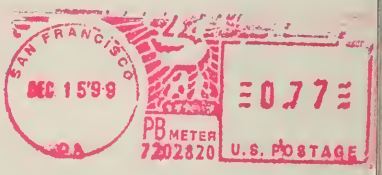
I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, December 7, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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President

Roma P. Guy, M.S.W.
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John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

December 21, 1999
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

DEC 16 1999

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING DECEMBER 7, 1999

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **CHN-Laguna Honda Hospital** – Request for approval of contract renewal with Regents of the University of California, Department of Physiological Nursing (UCSF), in the amount of $141,725, to provide nursing services to Laguna Honda Hospital residents, for the period of October 1, 1999 through September 30, 2000. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998-99).

(3.2) **PHP-CMHS** – Request for approval of new contract with California Mental Health Directors Association (CMHDA), in the amount of $189,340, to provide mental health services for out-of-county minors under the San Francisco Mental Health Plan for the period of November 1, 1999 through June 30, 2001.

(3.3) **PHP-CMHS-Pharmacy** – Request for approval of new contract with MedImpact Healthcare Systems, Inc. (MIHS), in the amount of $2,488,008 per year, or $6,012,686 total amount, to provide pharmacy benefits management services to a network of community pharmacies, for the period of February 1, 2000 through June 30, 2002.

(3.4) **PHP-CSAS** – Request for retroactive contract renewal with Addiction Research and Treatment, Inc. (ART), in the amount of $4,422,029, to provide methadone maintenance and related counseling services targeting opiate-addicted persons for the period of July 1, 1999 through June 30, 2000. (DPH contracted with ART for services totaling $3,559,732 during FY 1998-99).

(3.5) **PHP-CSAS** – Request for approval to accept and expend a new grant from the San Francisco Foundation, in the amount of $60,000, to support a multiple-year community planning process for a strategic plan for the substance abuse treatment-on-demand system, for the period of January 1, 2000 through December 31, 2002.

(3.6) **PHP-CSAS** – Request for approval to accept and expend a new grant from the State of California Department of Alcohol and Drug Programs (DADP), in the amount of $367,942, for the Drug Court Partnership Program, to provide substance abuse assessment and treatment to individuals who are not meeting the conditions of probation, with a sole source contract modification in the amount of $367,942 to Asian American Recovery Services (AARS), for the period of July 1, 1999 through June 30, 2000.

(3.7) **PHP-CSAS** – Request for approval for retroactive contract modifications to 12 contracts with providers of day treatment substance abuse services, to change the method of payment from a unit rate to an actual cost rate for the period of July 1, 1997 through June 30, 1998 (fiscal years 1997/98 and 1998/99), for the following contractors:

- Asian American Recovery Services, Inc.
- Horizons Unlimited of San Francisco, Inc.
- Morrisania West, Inc.
- Potrero Hill Neighborhood House, Inc.
- Mt. St. Joseph-St. Elizabeth's Epiphany Center
- Iris Center
- Mission Council on Alcohol Abuse for the Spanish Speaking
- Women and Children's Family Services
- SAGE Project
- New Leaf.Services for Our Community
- Henry Ohlhoff House
- Westside Community Mental Health Center

(3.8) **PHP-CMHS/CSAS** – Request for approval of retroactive contract renewal with Westside Community Mental Health Center, Inc. (WCMHC), in the amount of $1,122,610 per year, or a total amount of $4,490,440, to provide mental health and substance abuse services for CalWorks Program's Temporary Assistance for Needy Families clients, for the period of July 1, 1999 through June 30, 2003. (DPH contracted with WCMHC for services totaling $13,932,677 during FY 1998-99).

(3.9) **CHPP-Health Promotion** – Request for retroactive approval of contract renewal with Polaris Research and Development, Inc., in the amount of $103,000, to provide Perinatal Outreach and Education services and Black Infant Health Project services, for the period of July 1, 1999

through June 30, 2000. (DPH contracted with Polaris for services totaling $730,150 during FY 1998-99).

(3.10) **CHPP-HIV Prevention Services** – Request for approval of new contract with Stop AIDS Project (SAP), in the amount of $231,754, to provide community level interventions to HIV seropositive men, for the period of December 29, 1999 through December 31, 2000. (DPH contracted with SAP for services totaling $793,093 during FY 1998-99).

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(3.12) **CHPP-HIV Prevention Services** – Request for approval of new contract with Better World Advertising, in the amount of $295,640, to provide social marketing and health communication services to men who may or may not be aware of their HIV+ status and reside in San Francisco, for the period of December 29, 1999 through December 31, 2000.

4) DIRECTOR'S REPORT (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR DECEMBER 1999

6) CONTINUATION OF CONSIDERATION OF A RESOLUTION WHETHER CHANGES AT UCSF/MT. ZION MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY

7) PRESENTATION OF THE WOMEN'S SERVICES ADVISORY COMMITTEE

8) PRESENTATION OF THE AFRICAN AMERICAN HEALTH INITIATIVE

9) CONSIDERATION OF A RESOLUTION FOR MEDICAL MARIJUANA IDENTIFICATION CARDS

10) CONSIDERATION OF A REPORT AND RESOLUTION FROM THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING STEERING COMMITTEE ON FINANCING APPROACHES FOR THE FY 2000-2001 BUDGET

11) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, December 21, 1999
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 7, 1999

Action Taken: The Commission unanimously adopted the minutes of December 7, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **CHN-Laguna Honda Hospital –** Request for approval of contract renewal with Regents of the University of California, Department of Physiological Nursing (UCSF), in the amount of $141,725, to provide nursing services to Laguna Honda Hospital residents, for the period of October 1, 1999 through September 30, 2000. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998-99).

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.2) **PHP-CMHS –** Request for approval of new contract with California Mental Health Directors Association (CMHDA), in the amount of $189,340, to provide mental health services for out-of-county minors under the San Francisco Mental Health Plan for the period of November 1, 1999 through June 30, 2001.

(3.3) **PHP-CMHS-Pharmacy** – Request for approval of new contract with MedImpact Healthcare Systems, Inc. (MIHS), in the amount of $2,488,008 per year, or $6,012,686 total amount, to provide pharmacy benefits management services to a network of community pharmacies, for the period of February 1, 2000 through June 30, 2002.

Commissioner Hill requested general information on any new contractor be included in the Commission packet.

(3.4) **PHP-CSAS** – Request for retroactive contract renewal with Addiction Research and Treatment, Inc. (ART), in the amount of $4,422,029, to provide methadone maintenance and related counseling services targeting opiate-addicted persons for the period of July 1, 1999 through June 30, 2000. (DPH contracted with ART for services totaling $3,559,732 during FY 1998-99).

The Department reported the performance scales in the monitoring reports will be corrected for the next round of contract reviews.

(3.5) **PHP-CSAS** – Request for approval to accept and expend a new grant from the San Francisco Foundation, in the amount of $60,000, to support a multiple-year community planning process for a strategic plan for the substance abuse treatment-on-demand system, for the period of January 1, 2000 through December 31, 2002.

Commissioner Hill acknowledged this important partnership with the S.F. Foundation.

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.6) **PHP-CSAS** – Request for approval to accept and expend a new grant from the State of California Department of Alcohol and Drug Programs (DADP), in the amount of $367,942, for the Drug Court Partnership Program, to provide substance abuse assessment and treatment to individuals who are not meeting the conditions of probation, with a sole source contract modification in the amount of $367,942 to Asian American Recovery Services (AARS), for the period of July 1, 1999 through June 30, 2000.

(3.7) **PHP-CSAS** – Request for approval for retroactive contract modifications to 12 contracts with providers of day treatment substance abuse services, to change the method of payment from a unit rate to an actual cost rate for the period of July 1, 1997 through June 30, 1998 (fiscal years 1997/98 and 1998/99), for the following contractors:

- Asian American Recovery Services, Inc.
- Horizons Unlimited of San Francisco, Inc.
- Morrisania West, Inc.
- Potrero Hill Neighborhood House, Inc.
- Mt. St. Joseph-St. Elizabeth's Epiphany Center
- Iris Center
- Mission Council on Alcohol Abuse for the Spanish Speaking
- Women and Children's Family Services
- SAGE Project
- New Leaf Services for Our Community
- Henry Ohlhoff House
- Westside Community Mental Health Center

Commissioner Sanchez commended the Department in providing technical assistance to these contractors.

Commissioner Hill commended the Department for addressing the program issues.

(3.8) **PHP-CMHS/CSAS –** Request for approval of retroactive contract renewal with Westside Community Mental Health Center, Inc. (WCMHC), in the amount of $1,122,610 per year, or a total amount of $4,490,440, to provide mental health and substance abuse services for CalWorks Program's Temporary Assistance for Needy Families clients, for the period of July 1, 1999 through June 30, 2003. (DPH contracted with WCMHC for services totaling $13,932,677 during FY 1998-99).

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Public Speaker: Gilbert F. Criswell, Spectrum Newspaper, Cheap TV, Channel 29, opposed the approval of this contract and expressed concerns about the Community Advisory Board membership, the Steering Committee, and the key opinion leaders. Tim Leifield responded to the concerns.

(3.11) **CHPP-HIV Prevention Services –** Request for approval of new contract with UCSF – AIDS Health Project, in the amount of $80,000, to provide training services members and staff of Department of Public Health community councils, for the period of December 29, 1999 through December 31, 2000. (DPH contracted with UCSF for services totaling $7,888,724 during FY 1998-99).

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Commissioner Umekubo encouraged the contractor to develop a cultural competency plan.

Before the full Commission, public speaker on:

#3.10 – Gilbert F. Criswell, Spectrum Newspaper, Cheap TV, Channel 29, AT&T Cable, encouraged the Commission not to fund this contractor.

#3.12 - Gilbert F. Criswell, Spectrum Newspaper, Cheap TV, Channel 29, Public Access TV Cable, expressed concerns on the costs for advertising from this contractor and submitted the Spectrum advertising rates.

Commissioner Chow requested general information on the new contractor, Better World Advertising.

Action taken: The Commission approved the Consent Calendar of the Budget Committee.

On behalf of the Commission, President Monfredini made a special presentation to Abbie Yant, who has been with Emergency Medical Services for 14 years, and maintained continuity at the EMS Section during the period of several years transition of Medical Directors.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Homeless Death Review 1999

The 1999 Preliminary Homeless Death Review was released today. The report indicates that according to Medical Examiner data, 169 homeless deaths were recorded in 1999. Fifteen deaths are still under investigation. This indicates an increase by 12 deaths of those recorded in 1998.

It is important to note a few things when acknowledging the report findings. When DPH took over the Homeless Death Review it had no connection to programs. The Department developed a Homeless Death Prevention Team to identify and refer the 'at risk homeless population' to ensure they have access to care. For last several years, beginning FY 1996-97, the City has increased access to treatment for individuals using and abusing drugs through expansion of existing services and development of new services targeted to this populations. Mental Health services have also been expanded and efforts between outreach teams are now coordinated.

In the 1998 Homeless Death Review, heroin was identified as a primary cause of homeless death. A heroin subcommittee of the Treatment on Demand Council (TOD) was formed to look at the issues of overdose prevention. These recommendations are coming forward as TOD initiatives in the FY 2000-01 budget request.

It is important to note that the leading cause of death in the 1999 report is once again attributed to drugs and alcohol. The fact that homeless deaths increased this year means we have to continue outreach and to expand our services so the population is supported.

POPULATION HEALTH AND PREVENTION

HIV Prevention Funds for Incarcerated Individuals

HIV Health Services applied for and received $500,000 in funding with the State Office of AIDS for a collaborative three year project for intervention, prevention and continuity of care for incarcerated individuals within correctional settings and the community. The DPH, HIV Prevention Section, the Forensic AIDS Project and Centerforce in Los Angeles are included in this collaboration.

Prevention for Positives Project

In September, the HIV Prevention Section received a supplemental grant to the previously funded (1998) HIV Prevention for Positives multisite demonstration project. The Prevention for Positives project is aimed at expanding knowledge of serostatus among communities of color and high risk populations, and is to provide prevention interventions geared toward behavior change among HIV+ individuals.

The annual supplemental funding of $372,600 (projected for four years) will be used to promote HIV testing in six neighborhoods in San Francisco. For the first time, CDC has allowed the Department to use these funds to offer HIV, STD, hepatitis A, B, C, and TB screening and testing, in addition to HIV testing. Medical treatment will also be available by a nurse practitioner.

COMMUNITY HEALTH NETWORK

JCAHO Laboratory Survey at SFGH

The SFGH Clinical Laboratory, Anatomic Pathology and Nuclear Medicine Sections, received a preliminary score of 99 out of 100 from their biennial JCAHO survey. The survey took place December 14 -17, during which all three Sections were evaluated on leadership, quality control, proficiency, competency, and performance improvement. Standards were met in all areas of evaluation. The surveyor cited the Clinical Laboratory Point of Care Testing Program as exemplary. Our congratulations and thanks to Donna Borland, Robert Christmas, Mary Clancy, Gayling Gee, Edward Howes, Heinz Lehmann, Valerie Ng, Gene O'Connell and all of their staff for their outstanding performance.

Anthony Wagner American Hospital Association Delegate

Tony Wagner has been certified as a State Delegate and member of Regional Policy Board 9 (RPB) of the American Hospital Association's (AHA) House of Delegates, for a second term, ending December 31, 2003. Region 9 includes Alaska, California, Hawaii, Nevada, Oregon and Washington. The Regional Policy Board meets three times a year to discuss policy issues and alternatives.

In addition, Mr. Wagner was elected to the Board of Trustees for the California Healthcare Association, formerly the California Hospital Association. Tony was re-elected to the California Association of Public Hospitals Board of Director's Executive Committee.

SFGH Medical Staff Credentials Report	12/99	YTD
New Appointments	17	1881
Reinstatements	0	
Reappointments	21	3854
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	08	189
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	0	28
Voluntary Relinquishment	0	6

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR DECEMBER 1999**

On behalf of the Commission, President Monfredini presented awards to the following employees:

Individual Nominee	Division	Nominated By
David Rizzolo, Asbestos Program Manager	PH&P, Bureau of Environmental Health Management, Asbestos Program	Richard Lee, Manager, Community Toxics Prog.

Cheryl Austin, Director, Medical Records	Community Health Network, Laguna Honda Hospital, Medical Records	Larry Funk, Director LHH
Ginger Smyly, MPH, Deputy Director	PH&P, Community Health Promotion and Prevention	Larry Meredith, Director CHP&P

6) **CONTINUATION OF CONSIDERATION OF A RESOLUTION WHETHER CHANGES AT UCSF/MT. ZION MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY**

Dr. Brian Goodell, UCSF/Stanford, apologized for the misunderstanding at the last Commission meeting and had submitted a letter to each of the Commissioners. He presented an update on the Mt. Zion reconfiguration and its impact on Parnassus Heights with the Emergency Department and inpatient care.

Commissioners' Comments:

- Concern for services to the Russian-speaking community
- There are still no replacements for the loss of skilled nursing beds at Mt. Zion
- Reconfiguration transition has caused inconvenience and stress to patients and staff
- There is a need to prevent other hospitals from closing
- Decreasing SNF beds overall in San Francisco
- Role of the Commission is to hold hearings and determine whether the closure of health services will or will not have an adverse effect

Public Speakers: closure of Mt. Zion is detrimental

Jacqui Gough, CNA
Francisco Ugarte, CNA
Frederick Hobson, S.F. Tomorrow, S.F. Health Plan Board
Nathan Nayman, Hospital Council, expressed the need to work together on funding for private/public hospitals

Action Taken: The Commission unanimously adopted Resolution #28-99, "Determining Whether the Elimination or Curtailment of Health Services by the University of California/Mount Zion Medical Center, Will or Will Not Have a Detrimental Impact on the Health Service of the Community", (Attachment A).

7) **PRESENTATION OF THE WOMEN'S SERVICES ADVISORY COMMITTEE**

Kate Monico-Klein, Coordinator of the Office of Women's Services, outlined a proposal to create a Women's Health Services Advisory Group to advise, propose policy, and advocate on behalf of the health care needs of women and girls.

She recommended the following:

a) That the Health Commission support the creation of a Women's Health Services Committee (WHSC), designed to develop strategic plans on core health care issues to ensure that the interests and needs of women and girls are reflected in Department of Public Health strategic planning.

b) WHSC shall focus upon policy impacts at all levels. Findings and recommendations shall be reported through the Director of Population Health and Prevention to the Health Commission on an annual basis or more often, as needed.

c) WHSC shall report to the Director of Population Health and Prevention, as the designee of the Director of Public Health. WHSC shall meet monthly. The Committee shall be staffed by the Coordinator of Women's Health Services with assistance from the Planning Division staff of the Department of Public Health and staff support from the Community Health Network.

d) Membership shall be appointed by the Director of Public Health or his designee, the Director of Population Health and Prevention, for two-year terms.

e) The work of the Committee, including its mission, membership and continuation, shall be reviewed every two years.

Membership

1. Membership shall be limited to 11 appointments, two of which shall be standing appointments from the Commission on the Status of Women and Women's Health Leadership.

2. Membership shall be drawn from community women's health advocates and providers, including representatives reflecting the following women's health populations and interests:

    - Women's health
    - Chronic disease
    - Violence prevention
    - Homeless women
    - Incarcerated women
    - Immigrant women
    - Young women
    - Disabled women
    - Older women
    - Women's Health Leadership (standing appointment)
    - Commission on the Status of Women (standing appointment)

Commissioners' Comments:

- The membership should be more than 11 (i.e., 13-15)
- The WHSC would report to the Population Health and Prevention and would meeting monthly
- This proposed plan would implement the original policy of the Health Commission passed in 1991
- An annual report should come to the Commission
- This is an excellent plan

Commissioners encouraged the Department to make this Committee an effective one.

8) PRESENTATION OF THE AFRICAN AMERICAN HEALTH INITIATIVE (AAHI)

Cynthia Selmar, LCSW, MPH, Director of the AAHI in the Community Health Promotion and Prevention Division, gave a status report on the AAHI, whose goal is to improve the health status of the African American community in San Francisco through focusing on prevention, health promotion, and community capacity building. For a copy of the full report, contact the Commission Office (554-2666).

Ms. Selmar also included an overview of African American Community Health Focused Programs between 1984-1998 and a packet of information on the AAHI. The packet included organizational development information, African-centered principles/supporting policies, the AAHI goals, and a list of accomplishments.

Brian Katcher, Pharm.D., Community Health Promotion and Prevention, presented data which points out the disparities in health outcomes between African Americans and other Americans.

Ms. Selmar reported the conclusions of the AAHI:

Independent of economics, race affects access to care. Independent of economics, race affects the type and quality of health care treatment received. Consequently, to improve the health of African Americans, it is not sufficient merely to remove economic barriers to access. To improve the health of African Americans, health care institutions must be more than affordable. Public Health and Health care institutions must encourage and provide for culturally competent primary prevention and health promotion, in addition to ready access to quality health care. If we are to achieve justice in health care for African American, then every effort must be made to more strategically utilize a public health approach to prevent injuries and illness prior to the need for health care services.

A just health care system will focus on eliminating the disparities in health outcomes between African Americans and other Americans. AAHI suggest several policy approaches that can be taken to deal with this issue:

1) Strategically target culturally competent prevention and health promotion services to African Americans at risk of injury, illness and premature death
2) Eliminate racist practices in health care delivery and health care education.
3) Allocate appropriate resources to implement culturally creative prevention programs in non-traditional settings; and
4) Implement policy that demands departmental participation, at every level, in the implementation of the African-American Health Initiative and ensure African-American participation is included in decision-making that impacts the African American community.

Coalition Speakers:

Ena Acquirre, Executive Committee BVHP/HERC
Charles Clary, Facilitator, Prostate Cancer – Men's Collaborative
Kathy Perry, Kaiser Permanente, Public Policy and Advocacy Committee
Tosca Lee, I Am Cares Chair, Interfaith Committee
Beverly Rashidd, Executive Director, Booker T. Washington Community Service Center, Chair, AACHIE
Raymond Tompkins
Gladys Sandlin, Latino community activist

The speakers emphasized the need to expand the budget for the AAHI; pointed out the health disparities in the African American, Latino and Native American communities; advocated for housing, nutrition and education; and promoted funds should flow with the disease rates.

Ms. Selmar highlighted the differences about the AAHI's approach:

- The need is overwhelming and is evidenced-based on the Department's own data,
- Health promotion and prevention focused which is a theme that can easily be replicated throughout both branches of the Department of Public Health and with all its contract programs
- Community empowerment-educating and teaching new skills (organizing, planning, asset mapping, grant writing, computer skills and decision making skills), creating employment opportunities, and developing opportunity for political advocacy and action
- Focused on developing both community responsibility and accountability and departmental responsibility and accountability. A Steering Committee is proposed that will be comprised of both departmental representatives and community representatives. The tasks will include assigning program staff, monitoring and evaluating programs that focus or target African Americans, providing technical assistance, recommend changes in funding patterns, and recommend policy that will ensure departmental/community program responsiveness and accountability
- Based on the integration of African-centered principles for community survival
- Finally, the desire is to change the culture of public health by creating and implementing health promotion and prevention programs in non-traditional health settings, (i.e., community businesses and social service organizations, recreation and community centers, faith-based communities, and in other public agencies/departments programs

Ms. Selmar recommended how the Commission and Department can help the AAHI:

- Develop clear and specific policy/mandates that ensures departmental commitment to reduce the burden of health disparities in the African American community. (Federal and State mandates already exist as models).

- Allocate 1-2 % of the overall departmental budget to ensure availability of appropriate resources to implement and institutionalize the African American Health Initiative.
- Be open and flexible to contract amendments and the reallocation or targeted or focused resources (change current funding trends) to ensure program responsiveness to community need and program outcomes/accountability.
- Provide the leadership necessary to engage other Department commissions in supporting the African American Health Initiative by developing an intra-agency commission agreement via the Mayor and Board of Supervisors that acknowledges the need to collectively address the health and social issues impacting the African American community. (Department of Human Services, Department of Children, Youth and Families, Commission on the Aging, Parks and Recreation, Commission of the Environment, Commission on the Status of Women, just to name a few).

Commissioner Parker thanked the Department for having the foresight to create the AAHI, and to appoint Ms. Selmar as the Director. Money is not the only support needed; need to work, work, work.

Commissioner Hill stated the report is impressive. He inquired whether the Bayview Hunters Point Foundation was involved. Ms. Selmar indicated a line staff person from the agency is involved.

Commissioner Guy sees this as another step; next is the budget process. She heard a consensus and unity for support.

Commissioner Chow promoted a citywide effort in the African American community, to have a consensus from the community, and work with the CBO's to adopt the principles.

Commissioner Sanchez commended the Department for being a key partner and giving access.

Commissioner Umekubo promoted access to care and to educate providers and health care professionals about the AAHI.

Ms. Selmar would like to have a clear mandate and funding from the Health Commission.

Dr. Katz sees the AAHI as a high priority, given the data available.

Commissioners thanked Ms. Selmar and the community representatives for the excellent presentation.

President Monfredini left at 6:00 p.m.

Commissioner Sanchez left at 6:15 p.m.

9) **CONSIDERATION OF A RESOLUTION FOR MEDICAL MARIJUANA IDENTIFICATION CARDS**

Dr. Herminia Palacio, MPH, Special Policy Advisor to the Director, provided the following background:

The State of California passed The Compassionate Use Act of 1996 (Proposition 215) "to ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes". Following the passage of Proposition 215, the San Francisco Health Commission passed Resolution 4-97, defining the Department's role in the implementation of the Proposition. In brief, the Department of Public Health supports the implementation of Proposition 215 through the responsible and accountable operation of marijuana distribution centers, and through the education of physicians regarding the potential benefits and risks of medicinal marijuana. To help facilitate communication between physicians and marijuana distribution centers, the Department of Public Health developed a standardized Physician' Statement Form. While the use of this form is not mandate, it is our experience that forms in current use by marijuana distribution centers are modeled after this form.

Drs. Gurley, Aranow, and Katz performed an extensive review of the literature, which served as the basis for the Department of Public Health's Clinical Guidelines for Recommending Medical Marijuana, and which has been published in medical literature. Nevertheless, as the quality of the research to date has generally been poor, we recognize the need for additional research about the potential health benefits of marijuana. At his request, the Department of Public Health has supplied Attorney General Bill Lockyer with a brief that would assist and inform efforts to secure additional research on the clinical efficacy of marijuana. In addition, there are recent reports on medical marijuana issued by the National Institute of Health, and the Institute of Medicine.

These early phases of activity around Proposition 215 were focused largely on education and support of clinicians, to facilitate the safe and responsible implementation of Proposition 2145 in their clinical practices. More recently, users and providers of medical marijuana (cannabis) have identified the need for public activities in a new arena, that of facilitating cooperation with law enforcement, to

protect the rights of medical cannabis users and their primary care givers, as defined under Proposition 215.

In response to community input and planning, and in consultation with representatives of the Department of Public Health and the City Attorney's Office, Supervisor Mark Leno has proposed the creation of voluntary identification card system for individuals who qualify as medical cannabis users or primary care givers under California Health and Safety Code 11362.5. The intention of the voluntary identification card system is to provide an additional tool to facilitate the safe and responsible implementation of Proposition 215 under California Health and Safety Code 11362.5, and is, therefore, concordant with prior San Francisco Health Commission policy directives regarding medical marijuana. Dr. Palacio submitted a proposed resolution in support of the development and implementation of a voluntary medical cannabis identification card program.

Commissioners' Comments:

- This policy sends mixed messages to young people
- The issues of maintaining integrity and minimizing abuse of the ID cards were raised
- Supportive of Proposition 215 but due to Federal law, would the Health Commission and Department be putting themselves at risk?
- The Department should try it but should include monitoring and evaluation components

Action Taken: The Commission (Chow, Guy, Parker and Umekubo) adopted Resolution #29-99, "Supporting the Development and Implementation of a Voluntary Medical Cannabis Identification Card Program," (Attachment B), with Commissioner Chow's addition of "monitoring" to the last Resolved. Commissioner Parker opposed the resolution.

10) CONSIDERATION OF A REPORT AND RESOLUTION FROM THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING STEERING COMMITTEE ON FINANCING APPROACHES FOR THE FY 2000-2001 BUDGET

Monique Zmuda, Chief Financial Officer, reported on the strategic planning for financial strategies, (Attachment C). The report includes the work of the Strategic Planning Steering Committee and its Finance Subcomittee. The findings and recommendations will be used to guide the development of the FY 2000-01 DPH budget.

Ms. Zmuda reported that the strategic planning process will continue throughout the next calendar year, culminating in a final report to the Health Commission December 2000. This report addressed many of the goals outlined by the Finance Subcommittee. However, the Finance Subcommittee will continue its work in the coming year to address outstanding issues as well as to investigate any new issues that arise during the year.

The outstanding issues to be completed or updated in the next year by the Finance Subcommittee include:

- Capacity of current health care agencies to continue to provide care
- Health care benchmarks
- Assessment of potential of increasing revenues and/or reducing operating costs (update)
- Assessment of options to redeploy or reallocate resources to increase efficiency and integrate services (update)

- Summary of legislative changes which will impact on health care financing (update)
- Impact of political changes on financing health care services (update)
- Revenue maximization strategies
- Cost reduction potential
- Grants
- Alliances with other entities

Public Speakers:

Gladys Sandlin, Strategic Planning Steering Committee, supports the report
Glynn Washington, Human Services Network, advocated for parity of COLA's between the CBO' and civil servants

Commissioners' Feedback to the Department:

- Complimented staff and Steering Committee
- Department needs to live within its means
- Department has to be realistic; cannot achieve all of the recommendations; needs to prioritize the recommendations
- Department did an amazing piece of work in a short time
- Priorities include capital equipment, long-range plans for infrastructure, seismic upgrade, increase Medi-Cal reimbursement, prevention, African American Health Initiative, and development of community-based alternatives to inpatient and acute care
- Need to decide what the SFGH census should be, considering the appropriate salary savings and diversion statistics
- Need for hospital collaboration
- Need to look at the question of taking from one division to cover another division with a deficit

Commissioner Chow recommended to eliminate the second Resolved.

Commissioner Hill proposed the following two amendments:

WHEREAS, the Health Commission acknowledges that without increased funding the reallocation of existing resources may result in service reductions or the redefinition of the scope of services; and,

WHEREAS, the Health Commission expects the Department staff to operate programs within the approved revenues and expenditures for the present and future fiscal year; now, therefore, be it

Public Speaker:

Nathan Nayman, Hospital Council, stated the value of a hospital is not to be tied to the number of beds.

Dr. Katz advocated looking at our health system in different ways and developing alternatives to hospitalization.

Action Taken: The Commission unanimously adopted Resolution 30-99, "Endorsing Recommendations of the Strategic Planning Steering Committee and Other Department Committees Setting Priorities for the FY 2000-01 Budget," (Attachment D), with Commissioner Hill's additional amendments.

11) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 7:15 P.M.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 28-99

DETERMINING WHETHER THE ELIMINATION OR CURTAILMENT OF HEALTH SERVICES BY THE UNIVERSITY OF CALIFORNIA (UCSF)/ MOUNT ZION MEDICAL CENTER, WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH SERVICE OF THE COMMUNITY

WHEREAS, on September 23, 1999, UCSF Stanford Health Care gave notice to the Health Commission of its intention to eliminate the Emergency Department and all acute care medical-surgical beds, including the Intensive Care Unit and the Cardiac Care Unit at UCSF/Mount Zion Medical Center; and,

WHEREAS, additionally, there will be a loss of skilled nursing beds with the closure of the UCSF/Mount Zion Skilled Nursing Facility, thereby decreasing the number of available skilled nursing beds in the City and County of San Francisco; and,

WHEREAS, in accordance with the Health Care Planning Ordinance (Proposition Q), the Health Commission held a public hearing on November 16, 1999 at City Hall, where over 40 speakers testified in opposition to the closure of UCSF/Mount Zion Hospital; and,

WHEREAS, to ensure patient safety, UCSF Stanford Health Care closed the Emergency Department at UCSF/Mount Zion Medical Center at midnight on November 23, 1999 after determining that adequate emergency service staffing could not be guaranteed beyond that time; and,

WHEREAS, effective November 23, 1999, the Adult Urgent Care Service, which will include laboratory facilities, X-rays, and will treat minor wounds and other non-emergent problems, will be available at 2380 Sutter Street (2nd floor) across the street from the hospital; and,

WHEREAS, in accordance with the California Health and Safety Code, Division 2.5, Section 1300(b), the local Emergency Medical Services (EMS) Agency is required to submit an impact evaluation to the State Department of Health Services on the effect upon community access to emergency care; and,

WHEREAS, the Emergency Medical Service Agency assessed the impact of the closure of the UCSF/Mount Zion Emergency Department to have three potential major effects:

- Hospital diversion rates will increase this winter
- Emergency medical response capability during a major disaster will be decreased
- Patients will continue to go to the Mount Zion Hospital with emergent medical conditions

Now, therefore, be it

RESOLVED, that the Health Commission determines that the closure of the Emergency Department at UCSF/Mount Zion and the loss of critical care beds, medical-surgical beds, and skilled nursing beds for San Francisco will have a detrimental impact on the health care service of the community.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, December 21, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 29-99

SUPPORTING THE DEVELOPMENT AND IMPLEMENTATION OF A VOLUNTARY MEDICAL CANNABIS IDENTIFICATION CARD PROGRAM

WHEREAS, the Citizens of California approved the passage of the Compassionate Use Act of1996, also known as Proposition 215, and written into law as California Health and Safety Code 11362.5; and,

WHEREAS, the San Francisco Health Commission passed Resolution #4-97, defining the Department of Public Health's role in the implementation of Proposition 215; and,

WHEREAS, community groups have identified a need for additional measures to give consideration to the simultaneous needs of qualified users of medical cannabis, physicians, responsible and accountable providers of medical cannabis, and the police; and,

WHEREAS, in response to a community planning process, the San Francisco Board of Supervisors, in consultation with representatives from the San Francisco Department of Public Health and the San Francisco City Attorney's Office, have proposed the creation of a voluntary identification card system for individuals who qualify as medical cannabis users or primary care givers under California Health and Safety Code 11362.5; and,

WHEREAS, the development of such a system is consistent with the Department of Public Health's support of the responsible implementation of California Health and Safety Code 11362.5; now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports the San Francisco Board of Supervisors Proposed Ordinance for Medical Cannabis Identification Cards; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission supports the development, implementation, and monitoring of a Voluntary Medical Cannabis Identification Card Program by the San Francisco Department of Public Health.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, December 21, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
STRATEGIC PLANNING
STEERING COMMITTEE

DECEMBER 1999 REPORT TO THE HEALTH COMMISSION

I. EXECUTIVE SUMMARY

As part of the Department of Public Health's strategic planning process, the Department presents this report on financial strategies to shape the development of the FY00-01 budget. To this end, the Department developed a Finance Subcommittee of the Strategic Planning Steering Committee, and also consulted with various other Department committees, stakeholders, and providers. Comments and input from these groups are included in this final report and are incorporated in a proposed resolution for Health Commission consideration. The findings and recommendations address to Health Commission policies, welfare reform and eligibility, legislative initiatives, infrastructure requirements, and revenue and expenditure trends.

A summary of the financial strategies discussed and recommended by the process is summarized below:

- Health Commission policies should be used to guide the development of financial strategies, with a focus on the development of community based and sub-acute alternatives to inpatient care, expansion of prevention and health promotion services, and the integration of services.

- Welfare Reform and changes to Medi-Cal eligibility have compromised access to health care. The Department of Health and Department of Human Services should work together to expand outreach to potential Medi-Cal eligible populations, simplify eligibility criteria, and increased eligibility determination.

- Legislative initiatives can increase funding for the provision of public health services and can increase access to care. The Department of Public Health and the City should advocate for increases to Medi-Cal rates, maintenance of existing funding allocations to safety net providers and develop a pilot to implement universal health care in San Francisco.

- The Department of Public Health's infrastructure, including equipment, capital projects, facilities maintenance and support staff and administrative services is inadequate to support the current array of services. Additional funding should be allocated to correct the shortfalls, and a long-term plan should be developed to replace and/or rebuild healthcare facilities.

- The Department's revenue base appears to be stable, but fixed cost increases to salaries, contract services and pharmaceuticals continues to rise, thereby requiring additional subsidy of City and County General Fund. The Department should seek new funding opportunities, reduce administrative costs through better program integration, and utilize benchmark measures to evaluate effectiveness of services. Also, DPH should balance services that are essential to its mission with the priorities identified in this report.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 30-99

ENDORSING RECOMMENDATIONS OF THE STRATEGIC PLANNING STEERING COMMITTEE AND OTHER DEPARTMENT COMMITTEES SETTING PRIORITIES FOR THE FY 2000-2001 BUDGET

WHEREAS, the Health Commission asked staff at the Department of Public Health to undertake a strategic planning process to guide the development of health policies in the future; and,

WHEREAS, the Steering Committee and its sub-committees, were formed to develop recommendations to guide the Director of Health and Health Commission on health policies in the future; and,

WHEREAS, the Department also consulted its Executive Budget Committee, Community Health Network Leadership Group, Population Health and Prevention Management Forum, and various department provider organizations and provider groups in the development of financial strategies; and,

WHEREAS, as the first task of the strategic planning process, the Steering Committee has prepared findings and recommendations to set priorities for the FY 2000-2001 budget; and,

WHEREAS, the Committees recommend that the Department of Public Health reaffirm the policy to develop alternatives to inpatient and acute care, and that the Population Health and Prevention division prioritize patients of the Department's institutional services for admission into community-based and sub-acute care settings; and,

WHEREAS, it is recommended that the Department of Public Health expand community-based services, including substance abuse treatment on demand, mental health alternatives to hospitalization, increased opportunities for independent living and supportive housing programs, a soft tissue infection control program and options to provide long term care, such as home health services, adult day care and in-home supportive services, in order to reduce the use of emergency services, inpatient care and hospital-based skilled nursing facilities and to improve efficiency and quality of patient care; and,

WHEREAS, the consensus is that the Department of Public Heaktg implement Health Commission priorities to expand prevention services, particularly to high-risk populations and targeted neighborhoods as identified through health needs assessments and epidemiological data, including African American health initiatives; and,

WHEREAS, the Committees recommend that services be integrated between and among the Department of Public Health units and whenever possible, funding be blended, to foster an integrated approach to providing services with other agencies within the City and other health care agencies (e.g. IHSS, the San Francisco Community Clinic Consortium)

in order to reduce duplication and increase access. This includes the integration of HIV services with substance abuse treatment and mental health services, and behavioral health services with primary care services; and,

WHEREAS, it is the consensus that top priority for new funding be used to improve and enhance the infrastructure that supports priority programs. Specifically, there should be increased funding to upgrade and maintain the Department's facilities, information systems, equipment, medical records, housekeeping, quality assurance, finance, human resources and contract compliance; and,

WHEREAS, the Committees recommend that the Department of Public Health develop enhanced models of skilled nursing services, including a med-psych and/or neuro-psychiatric skilled nursing program, to reduce the number of decertified acute psychiatric and medical days; and,

WHEREAS, the Committees recommend the revision of current, or the development of new system-wide benchmark measures, to evaluate the performance and quality of services; and,

WHEREAS, the Committees recommend that contract staff (including the University of California Affiliation Agreement) be provided the same cost of living increase that is provided to civil service staff and to increase funding for pharmaceuticals, laboratory services and clinical supplies to meet inflationary adjustments, cost increase in drugs, and to correct for prior underfunding; and,

WHEREAS, the Committees recommend the allocation or reallocation of resources as mandated by Federal and State agencies, including funding to meet initial requirements of Hospital Seismic Safety Improvements (SB1953), nurse to patient ratios, compliance programs, and staffing and programs for skilled nursing, as required by the Department of Justice and Health Care Financing Administration; and,

WHEREAS, the Committees recommend the allocation or reallocation of resources to correct salary savings and fringe benefit shortfalls; and,

WHEREAS, the Committees recommend that contract development, monitoring and payment processes throughout the Department be improved by consolidating administrative processes and automating invoice processing and payment; and,

WHEREAS, the Committees recommend increased collaboration with the San Francisco Department of Human Services and the State, and outreach to populations potentially eligible for Medi-Cal, and to increase eligibility functions citywide; and

WHEREAS, the Committees recommend that the Department of Public Health advocate for the passage and implementation of key legislative initiatives that will increase funding to safety net providers, expand access to care, and improve managed care operations; and,

WHEREAS, the Committees recommend the Department of Public Health collaborate with the University of California to determine financial and programmatic impacts on patient services at the Community Health Network, to coordinate strategies to address potential increases and decreases in services, and to provide salary increases in accordance with the University of California Affiliation Agreement; and,

WHEREAS, the Health Commission acknowledges that without increased funding, the reallocation of existing resources may result in service reductions or the redefinition of the scope of services; and,

WHEREAS, the Health Commission expects the Department staff to operate programs within the approved revenues and expenditures for the present and next fiscal year; now, therefore, be it

RESOLVED, that the Health Commission endorses the recommendations within the strategic planning process to set priorities for the FY 2000-2001 budget.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission at its meeting of Tuesday, December 21, 1999.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
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(Address Correction Requested)

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